

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90250 016 ***150.00

DOCUMENT # P00000059709

1. Entity Name
RIS IMAGING CENTERS, INC.



Principal Place of Business
**2120 LAKELAND HILLS BLVD.
LAKELAND FL 33805**

Mailing Address
**P.O. BOX 90609
LAKELAND FL 33804-0609**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3651630**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DIETRICH, LARRY M
2120 LAKELAND HILLS BLVD.
LAKELAND FL 33805**

Name **B. Roger Harriage**
Street Address (P.O. Box Number is Not Acceptable)
2120 Lakeland Hills Blvd.
City **Lakeland** FL Zip Code **33805**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **B. Roger Harriage, President** DATE **4-29-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GOODNIGHT, THOMAS M M.D. | |
| STREET ADDRESS | 2120 LAKELAND HILLS BLVD. | |
| CITY-ST-ZIP | LAKELAND FL 33805 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | PETRUSCHAK, MICHAEL J M.D. | |
| STREET ADDRESS | 2120 LAKELAND HILLS BLVD. | |
| CITY-ST-ZIP | LAKELAND FL 33805 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | FARGHER, JOHN T M.D. | |
| STREET ADDRESS | 2120 LAKELAND HILLS BLVD. | |
| CITY-ST-ZIP | LAKELAND FL 33805 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DIETRICH, LARRY M M.D. | |
| STREET ADDRESS | 2120 LAKELAND HILLS BLVD. | |
| CITY-ST-ZIP | LAKELAND FL 33805 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HARRIAGE, ROBERT R M.D. | |
| STREET ADDRESS | 2120 LAKELAND HILLS BLVD. | |
| CITY-ST-ZIP | LAKELAND FL 33805 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BARNES, BRADLEY P | |
| STREET ADDRESS | 2120 LAKELAND HILLS BLVD. | |
| CITY-ST-ZIP | LAKELAND FL 33805 | |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-29-03 (863) 688-2334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)