

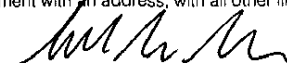


FILED
Apr 12, 2004 8:00 am
Secretary of State

94049068

DOCUMENT # P00000080634				Secretary of State 04-12-2004 90299 033 ***150.00	
1. Entity Name SEBRING RADIOLOGY ASSOCIATES, P.A.					
Principal Place of Business 3600 S HIGHLANDS SEBRING, FL 38870		Mailing Address 6900 I-40 WEST SUITE 220 AMARILLO, TX 79106 US		94049068	
2. Principal Place of Business		3. Mailing Address 6300 I-40 WEST			
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 230		04052004 □ □ □ □ □ □ □ □ □ □ □ □ □ □	
City & State		City & State AMARILLO, TX		4. FEI Number 65-1040327	
Zip		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAURER, JAMES M.D. 3600 S HIGHLANDS SEBRING, FL 38870				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 □ □ □ □ □ □ □ □ □ □			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. SHANKWILER, REED A PRES 3600 S. HIGHLANDS SEBRING, FL 38870	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. MAURER, JAMES W VP&S 3600 S. HIGHLANDS SEBRING, FL 38870	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. DZIK, DAVID B BUSMGR 6900 I-40 WEST, SUITE 220 AMARILLO, TX 79106	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. BUFAN, YU 3650 S. MCLENVAVOS SMITHVILLE, MS 38870	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 		DAVID B DZIK		4/5/04 806-462-3320	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	