

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90135 046 ***150.00

DOCUMENT # P01000003962

1. Entity Name

CELESTIAL IMAGING, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
c/o Mease Hospital

3. Mailing Address
1000 N ASHLEY DR

Suite, Apt. #, etc.
3231 McMullen Booth

Suite, Apt. #, etc.
SUITE 101

City & State
Safety Harbor, FL

City & State
TAMPA, FL

Zip
34695

Country
USA

Zip
33602

Country
USA

4. FEI Number
59-3689310

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
JAMES I. RICKARD

Street Address (P.O. Box Number is Not Acceptable)
1000 N ASHLEY DRIVE

SUITE 101

City
TAMPA

FL

Zip Code
33602

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

James I. Rickard

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/4/02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE P
NAME FRED J CAROLAN
STREET ADDRESS 1000 N ASHLEY DR; SUITE 101
CITY - ST - ZIP TAMPA, FL 33602

TITLE VP
NAME WARREN P ZIMMERMAN
STREET ADDRESS 1000 N ASHLEY DR; SUITE 101
CITY - ST - ZIP TAMPA, FL 33602

TITLE T
NAME UPEN J PATEL
STREET ADDRESS 1000 N ASHLEY DR; SUITE 101
CITY - ST - ZIP TAMPA, FL 33602

TITLE S
NAME BARRY R WEISS
STREET ADDRESS 1000 N ASHLEY DR; SUITE 101
CITY - ST - ZIP TAMPA, FL 33602

TITLE D
NAME ROBERT J ENTEL
STREET ADDRESS 1000 N ASHLEY DR; SUITE 101
CITY - ST - ZIP TAMPA, FL 33602

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IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Upen J Patel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/2002 813-227-9555

Date Daytime Phone #