

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90134 034 ***150.00

DOCUMENT # P01000003962

1. Entity Name
CELESTIAL IMAGING, P.A.



Principal Place of Business
C/O MEASE HOSPITAL
3231 MCMCULLEN BOOTH
SAFETY HARBOR FL 34695

Mailing Address
1000 N. ASHLEY DRIVE
SUITE 101
TAMPA FL 33602

90021116



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3689310

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICKARD, JAMES I
1000 N. ASHLEY DRIVE
SUITE 101
TAMPA FL 33602

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **P** ☐ Delete
NAME **CRAIGAN, FRED J**
STREET ADDRESS **1000 N. ASHLEY DRIVE, STE. #101**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☒ Change ☐ Addition
NAME **CAROLAN, FRED J**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **ZIMMERMAN, WARREN**
STREET ADDRESS **1000 N. ASHLEY DRIVE, STE. 101**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **PATEL, UPEN**
STREET ADDRESS **1000 N. ASHLEY DRIVE, STE. #101**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **WEISS, BARRY R**
STREET ADDRESS **1000 N. ASHLEY DRIVE, STE. 101**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ENTEL, ROBERT J**
STREET ADDRESS **1000 N. ASHLEY DRIVE, STE. #101**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **PATEL, ANIL**
STREET ADDRESS **1000 N. ASHLEY DR, Ste 101**
CITY-ST-ZIP **TAMPA, FL 33602**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 31, 03 (727) 725-6220

Date

Daytime Phone #

CR2E034 (10/02)