2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000012597 DOCUMENT

1. Entity Name

CENTRAL FLORIDA RADIOLOGY, INC.



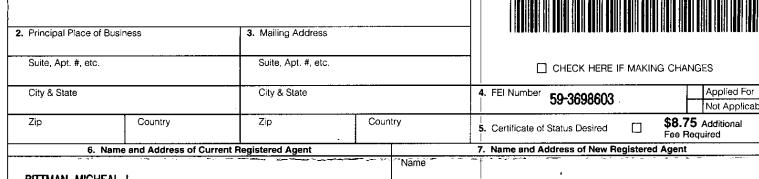
Principal Place of Business 7208 SAND LAKE RD. STE 300 ORLANDO FL 32819

Mailing Address

d title if applicable.

7208 SAND LAKE RD. STE 300

ORLANDO FL 32819



BITTMAN, MICHEAL J 30 E. PINE STREET **SUITE 1400** ORLANDO FL 32801

7. Name and Address of New Megistered Agent						
Vame -						
	•					
Street Address (P.0). Box Number is Not Acceptable)					
	<u> </u>					
City		Zip Code				

FILED

03-31-2003 90164 001 ***150.00

Mar 31, 2003 8:00 am Secretary of State

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.

(NOTE: Registered Agent signature required when reinstating)

SIGNATURE Signature, typed or printed name of

FILE NOW!!! FEE/S \$150.00

9. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be

DATE

Applied For

Not Applicable

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State						
10.	OFFICERS AND DIRECTO	RS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DINKEL, MICHAEL D 7208 SAND LAKE RD, STE 300 ORLANDO FL 32819	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-AP	Change	Addition	

12. I hereby certify that the information supplied with indicated on this report or suppliemental report is filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 control of the of the corporation or the received

SIGNATURE: