FILED Feb 13, 2002 8:00 am Secretary of State 02-13-2002 90172 005 ***150.00

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10. Election Campaign Financing Trust Fund Contribution.			00 May Be d to Fees							
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	6. Name and	Address of Current Reg	istered Agent		7.	Name and Address of New Reg	istered A	gent		
				Name				-		
BEGGS, DANIEL S MD				Street A	Street Address (P.O. Box Number is Not Acceptable)					
	TH DAVIS HWY			<u> </u>						
PENSACO	LA FL 32514									
			_	City			FL	Zip Code	<u> </u>	
8. The above	named entity subr	mits this statement for the	e purpose of changing its re	gistered office or	registered ag	gent, or both, in the State of Florid	a.			
SIGNATURE .										
;	Signature, typed or printe	ed name of registered agent and t	itle if applicable. (NOTE: R	egistered Agent signatu	re required when r	einstating)	DATE			
9. This corpo	oration is eligible to	satisfy its Intangible	FILE NOW!!!	FEE IS \$150.	00	10. Election Campaign Finan	oino	¢E O	^	
. •	requirement and el		After May 1, 2002			Trust Fund Contribution.	cg □		O May Be to Fees	
(Sée criter	ria on back)		Make Check Payable	to Department	of State	110011 2011	_	71000	.0 1 000	
11.		OFFICERS AND DIF	ECTORS	12.	ΑC	DDITIONS/CHANGES TO OFFICE	R\$ AND	DIRECTORS	S IN 13	
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13 I hereby c	ertify that the infor	mation supplied with this	s filing does not qualify for th	e exemption stat	ed in Section	119 07(3)(i). Florida Statutes, I fu	rther certi:	v that the in	formation	

Thereby certify that the information supplied with this limit does not qualify for the exemption stated in Section 119.07(3)(), Florida Statutes. 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

2. Principal Place of Business

8383 NORTH DAVIS HWY

PENSACOLA FL 32514

Suite, Apt. #, etc.

City & State

HERITAGE RADIOLOGY OF WEST FLORIDA, P.A.

1. Entity Name

P01000022812

Mailing Address 8383 NORTH DAVIS HWY

3. Mailing Address

City & State

Suite, Apt. #, etc.

PENSACOLA FL 32514

1/16/02 850-494-3442 Dayline Phone #