

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90283 016 ***158.75

DOCUMENT # P01000097261

1. Entity Name
HEARTLAND DIAGNOSTIC IMAGING CENTER, P.A.

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

6725 U.S. 27 South

6725 U.S. 27 South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sebring, FL

City & State

Sebring

Zip

33876

Country

U.S.A.

Zip

33876

Country

U.S.A.

4. FEI Number

65-1147040

Applied For

Not Applicable

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

UPADHYAYA, D M
6801 US HWY 27 NORTH
SEBRING FL 33870

Name UPADHYAYA, D.M., M.D.

Street Address (P.O. Box Number is Not Acceptable)
 6801 U.S. 27 North, Ste A-1

City Sebring

FL

Zip Code 33870

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME UPADHYAYA, D M
STREET ADDRESS 6801 US HWY 27 NORTH
CITY-ST-ZIP SEBRING FL 33870

TITLE UPADHYAYA, D.M., M.D. ☒ Change ☐ Addition
NAME
STREET ADDRESS 6801 U.S. 27 N. Ste A-1
CITY-ST-ZIP Sebring, Fl. 33870

TITLE D ☐ Delete
NAME IBRAHIM, GEORGE W M.D.
STREET ADDRESS 6721 US HWY 27 SOUTH
CITY-ST-ZIP SEBRING FL 33870

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

TITLE D ☐ Delete
NAME CHOCKALINGAM, PERIAKARUPPA
STREET ADDRESS 3591 S. HIGHLANDS AVE.
CITY-ST-ZIP SEBRING FL 33870

TITLE CHOCKALINGAM, PERIAKARUPPA, M.D. ☒ Change ☐ Addition
NAME
STREET ADDRESS 3591 S.Hingland Av.
CITY-ST-ZIP Sebring, Fl. 33870

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)