2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000097261

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

Principal Place of Business	Mailing Address
6725 US 27 SOUTH SEBRING, FL 33876	6801 US HWY 27 N STE A-1 SEBRING, FL 33870

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01102004 No Chg-P CR2E034 (10/03)

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

UPADHYAYA, D M
6801 US HWY 27 NORTH
STE A-1
SEBRING, FL 33870

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	UPADHYAYA, D M
STREET ADDRESS	6801 US 27 N STE A-1
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	D
NAME	IBRAHIM, GEORGE W M.D.
STREET ADDRESS	6721 US HWY 27 SOUTH
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	D
NAME	CHOCKALINGAM, PERIAKARUPPA
STREET ADDRESS	3591 S. HIGHLANDS AVE.
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 863 382-1144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D.M Upadhyaya