


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90364 005 ***150.00

DOCUMENT # P01000097261 1. Entity Name HEARTLAND DIAGNOSTIC IMAGING CENTER, P.A.	
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Principal Place of Business 6725 US 27 SOUTH SEBRING, FL 33876	Mailing Address 6801 US HWY 27 N STE A-1 SEBRING, FL 33870
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50041446



04112005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1147040	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent UPADHYAYA, D M 6801 US HWY 27 NORTH STE A-1 SEBRING, FL 33870

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

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

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

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4/12/05 Daytime Phone # _____