2003 FOR PROFIT CORPORATION

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

Mar 20, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR P01000098995 DOCUMENT # 1. Entity Name 03-20-2003 90124 047 ***150.00 MANATEE DIAGNOSTIC CENTER, INC. Principal Place of Business Mailing Address 300 RIVERSIDE OR EAST, STE 4300 300 RIVERSIDE DR EAST, STE 4300 **BRADENTON FL 34208-1025 BRADENTON FL 34208-1025** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 02-0544362 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Eee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRAHAM, JR., ANGUS W DR. Street Address (P.O. Box Number is Not Acceptable) 300 RIVERSIDE DR EAST, STE 4300 **BRADENTON FL 34208-1025** City Zip Code 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 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, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition NAME GRAHAM, JR. ANGUS W NAME 300 RIVERSIDE DRIVE EAST SUITE 4300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34208-1025** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET: ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 eath; that I am an efficer or director of the corporation or the receiver or true effects as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

Date

FILED