

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2004 8:00 am
Secretary of State

07-07-2004 90003 005 ***150.00

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1. Entity Name
HERITAGE RADIOLOGY OF SEBRING, P.A.



Principal Place of Business
4200 SUN 'N LAKE BLVD.
SEBRING, FL 33871

Mailing Address
PO BOX 13164
PENSACOLA, FL 32591-3164

34060196



03152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3711777 Applied For
Not Applicable:

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

JAKOBSON, PEETER
4200 SUN 'N LAKE BLVD.
SEBRING, FL 33871

**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, 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 P
NAME SATHER, RANDALL K
STREET ADDRESS 100 EUROPE DR., SUITE 417
CITY-ST-ZIP CHAPEL HILL, NC 27514

TITLE VP
NAME JAKOBSON, PEETER
STREET ADDRESS 105 NW LAKEVIEW DR.
CITY-ST-ZIP SEBRING, FL 33870

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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

Daytime Phone #