

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90076 043 ***150.00

DOCUMENT # P02000094783

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



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

Mailing Address
**4200 SUN 'N LAKE BLVD.
SEBRING FL 33871**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address
Backoffice Solutions

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 13164

City & State

City & State
Pensacola, FL

4. FEI Number
04-3711777

Applied For
Not Applicable

Zip

Country

Zip
32591-3164

Country
USA

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

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **President**
STREET ADDRESS **Sather, Randall K.**
CITY-ST-ZIP **100 Europa Drive, Suite 417**
Chapel Hill, NC 27514

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

TITLE ☐ Delete
NAME **Vice-President**
STREET ADDRESS **Peeter Jakobson**
CITY-ST-ZIP **105 NW Lakeview Dr.**
Sebring, Florida 33870

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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: X **RANDALL K SATHER** **919-932-3744**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)