



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90062 048 ***150.00

DOCUMENT # P02000107986 1. Entity Name HARBOR CITY MEDICAL IMAGING, P.A.					
Principal Place of Business 1737 SHOREVIEW DRIVE INDIALANTIC, FL 32903			Mailing Address 1737 SHOREVIEW DRIVE INDIALANTIC, FL 32903		
2. Principal Place of Business 250 N. WICKHAM RD Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 2698 Suite, Apt. #, etc.			
City & State MELBOURNE Zip FL Country 32935		City & State WINDERMERE, FL Zip 34786-2698 Country USA			
4. FEI Number 45-0487986				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FOSTER, THOMAS R 1737 SHOREVIEW DRIVE INDIALANTIC, FL 32903			7. Name and Address of New Registered Agent Name Thomas R. Foster Street Address (P.O. Box Number is Not Acceptable) 7485 Conroy Windermere Rd Suite A City Orlando FL Zip Code 32835		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOSTER, THOMAS R 1737 SHOREVIEW DRIVE INDIALANTIC, FL 32903 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thomas Foster <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7485 Conroy Windermere Rd, Ste A Orlando, FL 32835	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERRY KOUBEK <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7485 Conroy Windermere Rd, Ste A Orlando, FL 32835	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRY TURNER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7485 Conroy Windermere Rd, Ste. A Orlando FL 32835	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 1.3.0.4 Daytime Phone #		