

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90088 016 ***150.00

DOCUMENT # P02000107986 1. Entity Name HARBOR CITY MEDICAL IMAGING, P.A.					
Principal Place of Business 250 N. WICKHAM RD MELBOURNE, FL 32935			Mailing Address P.O. BOX 2698 WINDERMERE, FL 34786-2698		
2. Principal Place of Business 250 N. Wickham Rd State, Apt. #, etc.			3. Mailing Address P.O. Box 2698 State, Apt. #, etc.		
City & State Melbourne, FL Zip 32935			City & State Windermere, FL Zip 34786		
Country USA			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 7485 CONROY WINDERMERE RD SUITE A ORLANDO, FL 32835			7. Name and Address of New Registered Agent Name Thomas R. Foster M.D. 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, 2005 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 D NAME FOSTER, THOMAS R STREET ADDRESS 7485 CONROY WINDERMERE RD, STE A CITY-ST-ZIP ORLANDO, FL 32835	<input type="checkbox"/> Delete		TITLE D NAME Gayle L. ABRAMSON STREET ADDRESS 7485 CONROY WINDERMERE RD STE A CITY-ST-ZIP ORLANDO FL 32835	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME KOUBEK, TERRY STREET ADDRESS 7485 CONROY WINDERMERE RD, STE A CITY-ST-ZIP ORLANDO, FL 32835	<input checked="" type="checkbox"/> Delete		TITLE D NAME Albert Berie STREET ADDRESS 7485 CONROY WINDERMERE RD STE A CITY-ST-ZIP ORLANDO FL 32835	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME TURNER, HARRY STREET ADDRESS 7485 CONROY WINDERMERE RD, STE A CITY-ST-ZIP ORLANDO, FL 32835	<input checked="" type="checkbox"/> Delete		TITLE D NAME Paul Miller STREET ADDRESS 7485 CONROY WINDERMERE RD STE A CITY-ST-ZIP ORLANDO FL 32835	<input type="checkbox"/> Change <input checked="" 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: _____ 1/14/05 321-243-8842 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone					

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