

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90170 016 ***158.75

DOCUMENT # P03000081553

1. Entity Name
FIRST CHOICE IMAGING, INC.



Principal Place of Business
**1685 EAGLE HARBOR PKWY EAST
ORANGE PARK, FL 32003**

Mailing Address
**9191 TOWNE CENTRE DRIVE STE 400
SAN DIEGO, CA 92122**

94069035



2. Principal Place of Business
**1685 Eagle Harbor Pkwy
Suite, Apt. #, etc. EAST**

3. Mailing Address

02262004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
55-0848602

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DCEO
HULSEBUS, M. LEE
1685 EAGLE HARBOR PKWY EAST
ORANGE PARK, FL 32003** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
MUEHLBERG, ROBERT S
1685 EAGLE HARBOR PKWY EAST
ORANGE PARK, FL 32003** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DCFO
SEIBERT, ROSS
1685 EAGLE HARBOR PKWY EAST
ORANGE PARK, FL 32003** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
SEIBERT, ROSS
1685 EAGLE HARBOR PKWY EAST
ORANGE PARK, FL 32003** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Seibert, Ross
Eagle** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Seibert, Ross
Eagle** ☒ Change ☐ Addition

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

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

Ross Seibert, CFO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04

Date

858-455-7127 x 14

Daytime Phone #