

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90331 001 ***300.00

DOCUMENT # P03000118969					
1. Entity Name SOUTHERN CARDIAC IMAGING, INC.					
Principal Place of Business 1512 SW 115TH ST GAINESVILLE, FL 32607			Mailing Address 1512 SW 115TH ST GAINESVILLE, FL 32607		
2. Principal Place of Business 150 NW 75TH DR		3. Mailing Address 150 NW 75TH DR		66408969 	
Suite, Apt. #, etc. SUITE A		Suite, Apt. #, etc. SUITE A		03182004 Chg-P CR2E034 (10/03)	
City & State GAINESVILLE, FL		City & State GAINESVILLE, FL		4. FEI Number 02-0709852	
Zip 32607		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH HULSEY & BUSEY 225 WATER ST STE 1800 JACKSONVILLE, FL 32202			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/B, T BURKE, FLOYD, M.D. 150 NW 75TH DR, SUITE A GAINESVILLE, FL 32607	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP LACAZE, DANNY R. 150 NW 75TH DR, SUITE A GAINESVILLE, FL 32607	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/SEMEMMY ENGWALL, NELL P. 150 NW 75TH DR, SUITE A GAINESVILLE, FL 32607	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>Floyd W. Burke M.D.</i>		FLOYD BURKE, M.D. PRESIDENT			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>March 29th, 2004</i> Daytime Phone # _____			