


FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90058 015 ***150.00

DOCUMENT # P92000010965

1. Entity Name
MID STATE IMAGING, INC.



Principal Place of Business	Mailing Address
668 N. ORLANDO AVE.	668 N. ORLANDO AVE.
SUITE 1005-A	SUITE 1005-A
MAITLAND FL 32751	MAITLAND FL 32751
US	US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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	State, Dept. #, etc.
City & State	City & State

	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent					

WOODBURN, M.D., RONALD L 668 N. ORLANDO AVE. STE. 1005-A MAITLAND FL 32751	Name
	Street Address (F
	City

4. FEI Number	58-1767314	Applied For
		Not Applicable

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

7. Name and Address of New Registered Agent

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 _____

<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State</p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p>	<p>\$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD WOODBURN, M.D., RONALD L 668 N. ORLANDO AVE., STE. 1005-A MAITLAND FL 32751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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2. 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: R. L. WOODBURN, MD 1/3/03 407/740-7088

CR2E034 (10/02)