

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JUN 29 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000079359 (4)

1. Corporation Name

CENTRAL FLORIDA CENTER FOR DIAGNOSTIC IMAGING, I
NC.

Principal Place of Business

1285 ORANGE AVE.
WINTER PARK FL 32789

Mailing Address

5775 WAYZATA BLVD
180
ST LOUIS PARK MN 55416-1236
US

3. Date Incorporated or Qualified

11/17/1993

3a. Date of Last Report

06/26/1996

4. FEI Number

59-3215622

Applied For

That Application

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes

☒

Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

Name is
incorrect

10. Name and Address of New Registered Agent

81 Name

Corporation Service Company

82 Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

83

84 City

Tallahassee

FL

85

32301

11. Pursuant to the provisions of Sections 607.01 and 607.0508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment of the new agent. I am familiar with and accept the obligations of Section 607.05, Florida Statutes.

12. ADDITIONS

12.

NAME

CEO
HEITHOFF, KENNETH B.
5775 WAYZATA BLVD
ST. LOUIS PARK MN
P

PENN, JOHN C.
5775 WAYZATA BLVD
ST LOUIS PARK MN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

13.

1. NAME

VTS
JACOBSEN, DON
5775 WAYZATA BLVD, #190
ST. LOUIS PARK MN

2. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

3. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SIGNATURE:

[Signature]

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****400.00 ****400.00

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****150.00 ****150.00

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*****8.75 *****8.75

98 JUL

B. 6/25

612-525-6330