2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000017757

FILED Jan 23, 2004 Secretary of State

Entity Nar	ne: THE IMA	GING ASSOCIATES O	TAMPA, P.A.				-	
Current Principal Place of Business:				New Principal Place of Business:				
3301 ALUN TAMPA, FL		8						
Current Mailing Address:				New Mailing Address:				
3301 ALUN TAMPA, FL		8						
FEI Number: 59-3275859 FEI Number Applied For () FEI N				umber Not Applicable () Certificate of Status Desired (X)				
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
SUITE 200	INEDY BLVD	US						
	named entity of Florida.	submits this statement	for the purpose o	of changing i	ts registere	d office or r	registered agen	t, or both,
SIGNATUR	RE:							
		nic Signature of Registe	ŭ				Date	
Election Can	npaign Financin	g Trust Fund Contribution	().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	D (ARRINGTON, J 3301 W OAK D TAMPA, FL 33	PR		Title: Name: Address: City-St-Zip:	D ARRINGTOI 3301 ALUM TAMPA, FL	NI DR	() Addition	
Title: Name: Address: City-St-Zip:	D (MURTAGH, F. I 3301 W OAK D TAMPA, FL 33	PR		Title: Name: Address: City-St-Zip:	D MURTAGH, 3301 ALUM TAMPA, FL	NI DR	() Addition	

City-St-Zip: TAMPA, FL 33612 Title: () Delete STEIN, BERNARD D Name: Address: 3301 W OAK DR

SIBIGER, MARTIN L

3301 W OAK DR

TAMPA, FL 33612

() Delete

Title:

Name:

Address:

City-St-Zip:

TAMPA, FL 33612 94 Title: (X) Change () Addition

SIBIGER, MARTIN L

3301 ALUMNI DR

(X) Change () Addition

STEIN, BERNARD D Name: Address: 3301 ALUMNI DR TAMPA, FL 33612 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN ARRINGTON, M.D. D 01/23/2004