## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## May 04, 2004 8:00 am Secretary of State **DOCUMENT # P96000033629** 05-04-2004 90201 030 \*\*\*150.00 TOWER DIAGNOSTIC CENTER OF BRANDON, INC. Mailing Address Principal Place of Business 613 OAKFIELD DRIVE **613 OAKFIELD DRIVE** BRANDON, FL 33511 US BRANDON, FL 33511 2. Principal Place of Business 3. Mailing Address 122 Linsley Auchue Suite, Apt. #, etc Suite, Apt. #, etc. CR2E034 (10/03) 04052004 Cha-P Applied For 4. FEI Number City & State 59-3386471 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **KOEHLER & COMPANY** Street Address (P.O. Box Number is Not Acceptable 122 Lins (CY Avenue, Stc 4 1611 W. PLATT STREET **TAMPA, FL 33606** 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 warren w. wylic, IT Signature, typed or printed name of registered agent and title if appli FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. ☐ Change Addition ☐ Delete TITLE TITLE NANNI, MARK D NAME NAME STREET ADDRESS 613 OAKFIELD DRIVE STREET ADDRESS CITY-ST-ZIP BRANDON, FL 33511 CITY-ST-ZIP Addition TITI F ☐ Delete silverstein, Jonathan 613 Ogktield Drive Brandon, FL 33511 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition Change ☐ Delete TITLE Bekhor, David Prive NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Carroll, David 613 04 Field Drive ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS Brandon, FL 33511 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

FILED

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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

**SIGNATURE**