

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000040357

1. Entity Name

PUTNAM DIAGNOSTIC IMAGING CENTER, P.A.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90118 028 ***150.00

Principal Place of Business	Mailing Address
6905 OLD WOLF BAY RD PALATKA FL 32177 US	P.O. BOX 1659 PALATKA FL 32178-1659

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	-Zip-	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3381014	Applied For
		Not Applicable

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

6. Name and Address of Current Registered Agent

DOWNEY, KEVIN I
2631 NW 41ST ST SUITE B2
GAINESVILLE FL 32606

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MCDOWELL, JAMES D	
STREET ADDRESS	6905 OLD WOLF BAY RD	
CITY-ST-ZIP	PALATKA FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	GARRETT, WAYNE	
STREET ADDRESS	6905 OLD WOLF BAY RD	
CITY-ST-ZIP	PALATKA FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	SOONG, JOHN	
STREET ADDRESS	6905 OLD WOLF BAY ROAD	
CITY-ST-ZIP	PALATKA FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-26-00

(904)328-4222

Date

Daytime Phone #