

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000040357

1. Entity Name

PUTNAM DIAGNOSTIC IMAGING CENTER, P.A.

Principal Place of Business

6905 OLD WOLF BAY RD  
PALATKA FL 32177  
US

Mailing Address

P.O. BOX 1659  
PALATKA FL 32178

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

JAMES D. MCDOWALL

2/12/01

904 3284225

Daytime Phone #

CR2E034 (10/00)

0454779

FILED  
Feb 19, 2001 8:00 am  
Secretary of State

02-19-2001 90037 020 \*\*\*150.00



DO NOT WRITE IN THIS SPACE