2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000092960

Entity Name: THE IMAGING CENTER OF PENSACOLA, INC.

FILED Apr 10, 2003 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
4996 NORTH DAVIS HW PENSACOLA, FL 32503				
Current Mailing Address:		New Mailing Address:		
4996 NORTH DAVIS HW PENSACOLA, FL 32503				
FEI Number: 59-3420642	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
SOWERS, SHERRIN G 4996 NORTH DAVIS HW PENSACOLA, FL 32503				
The above named entity s in the State of Florida.	submits this statement for the p	purpose of changing its registered	d office or registered agent, or both,	
in the Otate of Florida.				
SIGNATURE:				

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SOWERS, SHERRIN G
Address: 3090 BLACKSHEAR AVENUE

City-St-Zip: PENSACOLA, FL

Title: D () Delete
Name: KING, BEVERLY S
Address: 4550 DEVEREAUX DR
City-St-Zip: PENSACOLA, FL

Title: PD (X) Change () Addition

Name: SOWERS, SHERRIN G Address: 3090 BLACKSHEAR AVENUE City-St-Zip: PENSACOLA, FL 32503 US

Title: D (X) Change () Addition

 Name:
 KING, BEVERLY S

 Address:
 4550 DEVEREAUX DR

 City-St-Zip:
 PENSACOLA, FL 32504 US

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.

SIGNATURE: SHERRIN G. SOWERS PD 04/10/2003