

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000101368

1. Entity Name
WEST FLORIDA REGIONAL IMAGING, P.A.



Principal Place of Business
6449 - 38TH AVE N
SUITE C-4
ST PETERSBURG, FL 33710

Mailing Address
6449 - 38TH AVE N
SUITE C-4
ST PETERSBURG, FL 33710



01162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3414297

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KATZ, ALLAN E M.D.
6449 - 38TH AVE N
SUITE C-4
ST PETERSBURG, FL 33710

**DO NOT WRITE
IN THIS SPACE**

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 the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

U00000024418
02/02/04-80066-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KATZ, ALLAN E M.D.
STREET ADDRESS	6449 - 38TH AVE N SUITE C-4
CITY-ST-ZIP	ST PETERSBURG, FL 33710
TITLE	D
NAME	BABAT, CHESTER C M.D.
STREET ADDRESS	6449 - 38TH AVE N SUITE C-4
CITY-ST-ZIP	ST PETERSBURG, FL 33710
TITLE	D
NAME	HAMEROFF, NATHAN M M.D.
STREET ADDRESS	5880 49TH ST N
CITY-ST-ZIP	ST PETERSBURG, FL 33709
TITLE	D
NAME	ANDERSON, STEPHEN C M.D.
STREET ADDRESS	5880 49TH ST N
CITY-ST-ZIP	ST PETERSBURG, FL 33709
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #