


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P97000016879 |  |
| 1. Entity Name HIGHLANDS DIAGNOSTIC IMAGING CENTER, INC. | |

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| Principal Place of Business 3642 US 27 S SEBRING, FL 33870 US | Mailing Address 6981 LAKE DEVONWOOD DR FORT MYERS, FL 33908 US |
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DO NOT WRITE IN THIS SPACE



02162004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-0729859 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|---|---------------------------------------|
| 5. Name and Address of Current Registered Agent KAGAN, ELIZABETH P 2745 SWAMP CABBAGE CT. SUITE 305 FORT MYERS, FL 33901 | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD KAGAN, ELIZABETH P 6981 LAKE DEVONWOOD DRIVE FORT MYERS, FL 33908 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD KAGAN, JOHN C 6981 LAKE DEVONWOOD DRIVE FORT MYERS, FL 33908 |
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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: Elizabeth P. Kagan Elizabeth P. Kagan 2/17/04 (239) 444-1141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #