


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P97000033292 1. Entity Name LEE DIAGNOSTIC IMAGING CENTER, INC.	
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Principal Place of Business 6981 LAKE DEVONWOOD DR. FT. MYERS, FL 33908	Mailing Address 6981 LAKE DEVONWOOD DR. FT. MYERS, FL 33908
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DO NOT WRITE IN THIS SPACE



02162004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0745132	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent

KAGAN, ELIZABETH P
6981 LAKE DEVONWOOD DRIVE
FT. MYERS, FL 33908

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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 _____

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	D KAGAN, JOHN C 6981 LAKE DEVONWOOD DR. FT. MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAGAN, ELIZABETH P 6981 LAKE DEVONWOOD DR. FT. MYERS, FL 33908
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03/01/04-80083-003 150.00

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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)(f), 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) 446-1161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #