

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90079 039 \*\*\*150.00

**DOCUMENT # P97000067793**

1. Entity Name  
**VASCULAR DIAGNOSTIC CENTER, INC.**



Principal Place of Business  
**7292 FOURTH STREET NORTH  
SUITE B  
SAINT PETERSBURG FL 33702**

Mailing Address  
**7292 FOURTH STREET NORTH  
SUITE B  
SAINT PETERSBURG FL 33702**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0784593**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**MOONEY, MARK F  
1211 W. FLETCHER AVE.  
TAMPA FL 33612**

Name: **William M. Blackshear, Jr., MD**  
Street Address (P.O. Box Number is Not Acceptable)  
**107 Windward Island**  
City: **Clearwater** FL Zip Code: **33767**

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: *William M. Blackshear, Jr., MD* **William M. Blackshear, Jr., MD** **1/30/03**  
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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BLACKSHEAR, WILLIAM M MD 107 WINDWARD ISLAND CLEARWATER FL 33767</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>William M. Blackshear, Jr., MD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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

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: *William M. Blackshear, Jr., MD* **William M. Blackshear, Jr., MD** **1/30/03** **727-823-1101**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #