

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**  
 03-12-2002 91001 032 \*\*\*150.00

2002 UBR

**DOCUMENT # P97000069605**

1. Entity Name  
**INDIAN RIVER DIAGNOSTIC IMAGING CENTER, INC.**

Principal Place of Business  
**2745 SWAMP CABBAGE CT.. STE. 305**  
**FT. MYERS FL 33901**

Mailing Address  
**2745 SWAMP CABBAGE CT.. STE. 305**  
**FT. MYERS FL 33901**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**6981 Lake Devonwood Dr.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**6981 Lake Devonwood Dr.**  
 Suite, Apt. #, etc.

City & State  
**Fort Myers FL**  
 Zip  
**33908**  
 Country  
**Lee**

City & State  
**Fort. Myers, FL**  
 Zip  
**33908**  
 Country  
**Lee**

4. FEI Number  
**65-0773643**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KAGAN, JOHN C</b> <b>6981 LAKE DEVONWOOD DR.</b> <b>FT. MYERS FL 33909</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KAGAN, ELIZABETH P</b> <b>6981 LAKE DEVONWOOD DR.</b> <b>FT. MYERS FL 33909</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Elizabeth P. Kagan**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/02  
 Date

941-466-1161  
 Daytime Phone #

CR2E034 (9/01)