

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000081376

1. Entity Name

ADVANCED IMAGING OF OCALA, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90093 046 ***158.75

905505



DO NOT WRITE IN THIS SPACE

Principal Place of Business
8150 SW STATE RD 200
200
OCALA FL 34481
US

Mailing Address
8150 SW STATE RD 200
200
OCALA FL 34481
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
2405 SE 17TH STREET
SUITE 201

City & State
OCALA FLORIDA

Zip
34471

4. FEI Number
59-3468543

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

6. Name and Address of Current Registered Agent
THURSTON, GARY A
8150 SW STATE RD 200
STE 200
OCALA FL 34481

7. Name and Address of New Registered Agent
Name
WINDY A. KEMP
Street Address (P.O. Box Number is Not Acceptable)
2405 SE 17TH STREET
SUITE 201
City
OCALA FL Zip Code
34471

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 Windy A. Kemp Windy A. Kemp
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature is required when reinstating) DATE 1/10/2000

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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THURSTON, GARY A		NAME		
STREET ADDRESS	2405 SE 17TH STREET SUITE 301		STREET ADDRESS	2405 SE 17TH STREET, SUITE 201	
CITY-ST-ZIP	OCALA FL 34471		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, STEPHEN J		NAME		
STREET ADDRESS	1431 SW FIRST AVENUE		STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34478		CITY-ST-ZIP		
TITLE	TS	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERL, WINOY A		NAME	KEMP, WINDY A	
STREET ADDRESS	2405 SE 17TH ST STE 301		STREET ADDRESS	2405 SE 17TH STREET, SUITE 201	
CITY-ST-ZIP	OCALA FL 34477		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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

SIGNATURE: Windy A. Kemp 1/10/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Windy A. Kemp
CFO/Treasurer
(352) 867-1214

CR2E034 (9/99)