

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am  
Secretary of State

04-30-2001 90327 042 \*\*\*158.75

0419078

DOCUMENT # P97000081376

1. Entity Name

ADVANCED IMAGING OF OCALA, INC.

Principal Place of Business

8150 SW STATE RD 200  
200  
OCALA FL 34481  
US

Mailing Address

2405 SE 17TH ST  
SUITE 201  
OCALA FL 34471  
US

2. Principal Place of Business

3. Mailing Address

825 SE 3RD AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

OCALA FLORIDA

4. FEI Number

59-3468543

Applied For

Not Applicable

Zip

Country

Zip

Country

34471

U.S.

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

KEMP, WINDY A  
2405 SE 17TH ST  
SUITE 201  
OCALA FL 34471

Name

WINDY A. KEMP

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

825 SE 3RD AVENUE

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*Windy A. Kemp*

WINDY A. KEMP

4/26/01

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, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
THURSTON, GARY A  
2405 SE 17TH STREET SUITE 301  
OCALA FL 34471

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
825 SE 3RD AVENUE  
OCALA, FLORIDA 34471

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CARROLL, STEPHEN J  
1431 SW FIRST AVENUE  
OCALA FL 34478

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*[Signature]*

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TS  
KEMP, WINDY A  
2405 SE 17TH ST STE 301  
OCALA FL 34477

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
825 SE 3RD AVENUE  
OCALA, FLORIDA 34471

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Windy A. Kemp*

4/26/01

Date

Windy A. Kemp  
CFO/Treasurer  
(352) 629-7979

Daytime Phone #

CR2E034 (10/00)