


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2004 08:00 AM-**  
**Secretary of State**

DOCUMENT # P98000004773 1. Entity Name SEMINOLE IMAGING OF PINELLAS, INC.	
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Principal Place of Business 605 CITRUS COURT LARGO, FL 33770	Mailing Address 605 CITRUS COURT LARGO, FL 33770
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**DO NOT WRITE IN THIS SPACE**



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3485733	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

ROMEO, DONNA A  
605 CITRUS COURT  
LARGO, FL 33770

**DO NOT WRITE  
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

*Donna A. Romeo*

(NOTE: Registered Agent signature required when reissuing)

DATE: 1/24/04

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ROMEO, DONNA A 605 CITRUS COURT LARGO, FL 33770
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01/26/04-80067-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: x

*Donna A. Romeo*

Donna Romeo

x 1/24/04

(727) 584-3977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #