

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000029160**

**1. Entity Name**  
FLORIDA IMAGING CONSULTANTS, P.A.



**Principal Place of Business**  
1615 NW FEDERAL HWY  
STUART, FL 34994 US

**Mailing Address**  
1615 NW FEDERAL HWY  
STUART, FL 34994 US



01222008 No Chg-P CR2E034 (11/05)

**4. FEI Number**  
65-0824859

Applied For
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

WALKER, ANDREW T MD  
1615 NW FEDERAL HWY  
STUART, FL 34994

**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**

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

(NOTE: Registered Agent signature required when re-registering)

**DATE**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>P</b>
<b>NAME</b>	GALLANT, ANDREW S MD
<b>STREET ADDRESS</b>	1615 NW FEDERAL HWY
<b>CITY-ST-ZIP</b>	STUART, FL 34994

<b>TITLE</b>	<b>S</b>
<b>NAME</b>	ZAYAS, HENRY R MD
<b>STREET ADDRESS</b>	1615 NW FEDERAL HWY
<b>CITY-ST-ZIP</b>	STUART, FL 34994

<b>TITLE</b>	<b>T</b>
<b>NAME</b>	WALKER, ANDREW T MD
<b>STREET ADDRESS</b>	1615 NW FEDERAL HWY.
<b>CITY-ST-ZIP</b>	STUART, FL 34994

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/08

Date

772-878-5858

Daytime Phone #

**DO NOT WRITE  
IN THIS SPACE**

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02/18/08-80043-002 150.00