

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**  
 05-15-2002 90148 036 \*\*\*158.75

**DOCUMENT # P98000092523**

1. Entity Name  
**ADVANCED IMAGING CENTER OF CLERMONT, INC.**

Principal Place of Business  
**1554 BOREN DRIVE, STE 200**  
**OCOOEE FL 34761**

Mailing Address  
**1554 BOREN DRIVE, STE 200**  
**OCOOEE FL 34761**

2. Principal Place of Business  
**262 MOHAWK RD**  
 Suite, Apt. #, etc.

3. Mailing Address  
**2711 REN CIRCLE**  
 Suite, Apt. #, etc.  
**SUITE D**

City & State  
**CLERMONT FL**

City & State  
**OCOOEE FL**

Zip  
**34711** Country  
**USA**

Zip  
**34761** Country  
**USA**

4. FEI Number  
**59-3541619**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**TALBERT, TONY**  
**1554 BOREN DRIVE, STE 200**  
**OCOOEE FL 34761**

7. Name and Address of New Registered Agent  
 Name  
**TONY TALBERT**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2711 REN CIRCLE**  
**SUITE D**  
 City  
**OCOOEE** FL Zip Code  
**34761**

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: *Tony Talbert* **TONY TALBERT, PRESIDENT**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**4-26-02**  
 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  
**D** ☐ Delete  
 NAME  
**TALBERT, TONY**  
 STREET ADDRESS  
**1554 BOREN DRIVE, STE 200**  
 CITY-ST-ZIP  
**OCOOEE FL 34761**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME ☒ Change ☐ Addition  
 STREET ADDRESS  
**2711 REN CIRCLE, SUITE D**  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
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TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Tony Talbert* **TONY TALBERT, PRESIDENT**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-26-02** (407) 654-6625  
 Date Daytime Phone # **X103**

CR2E034 (9/01)