


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 04, 2007 8:00 am
Secretary of State

09-04-2007 90041 012 ***150.00

DOCUMENT # P99000003088					
1. Entity Name FLORIDA DIAGNOSTIC IMAGING CENTER, INC.					
Principal Place of Business 4300 NORTH POINT PKWY ALPHARETTA, GA 30022			Mailing Address 4300 NORTH POINT PKWY ALPHARETTA, GA 30022		
2. Principal Place of Business - No P.O. Box # 3480 Preston Ridge Rd Suite, Apt. #, etc. # 600		3. Mailing Address 3480 Preston Ridge Rd Suite, Apt. #, etc. # 600			
City & State Alpharetta, GA		City & State Alpharetta, GA		4. FEI Number 59-3551727	
Zip 30005		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PRES NAME VILLA, MICHAEL A PRES STREET ADDRESS 4300 NORTH POINT PKWY CITY-ST-ZIP ALPHARETTA, GA 30022	<input checked="" type="checkbox"/> Delete		TITLE President NAME Daniel Schaefer STREET ADDRESS 3480 Preston Ridge Rd, #600 CITY-ST-ZIP Alpharetta, GA 30005	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TREA NAME HAGGERTY, JOHN G TREASUR STREET ADDRESS 4300 NORTH POINT PKWY CITY-ST-ZIP ALPHARETTA, GA 30022	<input checked="" type="checkbox"/> Delete		TITLE Treasurer NAME Todd Andrews STREET ADDRESS 3480 Preston Ridge Rd #600 CITY-ST-ZIP Alpharetta, GA 30005	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SECR NAME LATZ, TODD W SECRET STREET ADDRESS 4300 NORTH POINT PKWY CITY-ST-ZIP ALPHARETTA, GA 30022	<input type="checkbox"/> Delete		TITLE Secretary NAME Todd Latz STREET ADDRESS 3480 Preston Ridge Rd CITY-ST-ZIP Alpharetta, GA 30005	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Todd Andrews</u>			Date <u>678-992-7301</u> Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					