

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT.**

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000036500

1. Entity Name
EMERY DIAGNOSTIC IMAGING CENTER, INC.



Principal Place of Business
6981 LAKE DEVONWOOD DRIVE
FORT MYERS, FL 33908

Mailing Address
6981 LAKE DEVONWOOD DRIVE
FORT MYERS, FL 33908



02182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0916106

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GREEN, BRUCE D
1520 ROYAL PALM SQUARE BLVD.
SUITE 320
FORT MYERS, FL 33919

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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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KAGAN, JOHN C
STREET ADDRESS	6981 LAKE DEVONWOOD DRIVE
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	D
NAME	KAGAN, ELIZABETH P
STREET ADDRESS	6981 LAKE DEVINWOOD DRVIE
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/04/05-80070-024 150.00

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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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Elizabeth P. Kagan Elizabeth P. Kagan 3/22/05 (239) 444-1141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #