

FILED

03 AUG 14 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000095585

1. Entity Name
WESTCOAST DIAGNOSTIC IMAGING CENTERS,
INC.Principal Place of Business
19128 WIND DANCER ST.
LUTZ, FL 33558Mailing Address
19128 WIND DANCER ST.
LUTZ, FL 33558

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3806270

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILHELM, RAMEAU
19128 WIND DANCER ST.
LUTZ, FL 33558

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

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

(NOTE: Registered Agent's signature required when resigning)

DATE

FILE NOW! FEE IS \$150.00.
After May 1, 2003 fee will be \$550.00.
Amended UBR is \$81.25.
Make Check Payable to Florida Department of State9. Election Campaign Financing
Trust Fund Contribution.☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCED
RAMEAU, WILHELM
19128 WIND DANCER ST.
LUTZ, FL 33558 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
STEPHEN RAMEAU, CHERYL
19128 WIND DANCER ST.
LUTZ, FL 33558 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Harlan G. Herr
312 South LINE AVE
Inverness, FL 34452 ☐ Change ☒ Addition
PresidentTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Wilhelm Rameau
19128 Wind Dancer St
Lutz, FL 33558 ☒ Change ☐ Addition
CEO/ChairmanTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 affidavit, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/13/02

Date

Daytime Phone #

CR2034 (10/02)