

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 07, 2004 8:00 am**  
**Secretary of State**

07-07-2004 90003 005 \*\*\*150.00

**DOCUMENT # P02000094783**  
 1. Entity Name  
 HERITAGE RADIOLOGY OF SEBRING, P.A.



Principal Place of Business: 4200 SUN 'N LAKE BLVD. SEBRING, FL 33871  
 Mailing Address: PO BOX 13164 PENSACOLA, FL 32591-3164

04060196



03152004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: 04-3711777 Applied For: Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 JAKOBSON, PEETER  
 4200 SUN 'N LAKE BLVD.  
 SEBRING, FL 33871

**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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SATHER, RANDALL K
STREET ADDRESS	100 EUROPE DR., SUITE 417
CITY-ST-ZIP	CHAPEL HILL, NC 27514
TITLE	VP
NAME	JAKOBSON, PEETER
STREET ADDRESS	105 NW LAKEVIEW DR.
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE 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)(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 address, with all other like empowered.

SIGNATURE: *Randall Sather* Date: *4/5/04*