

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90183 045 \*\*\*150.00

**DOCUMENT # P94000008128**

1. Entity Name  
**OSCEOLA IMAGING CENTER, INC.**

**C0050556**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>711 E. OSCEOLA STREET          SUITE 225          STUART FL 34994          US</b>	Mailing Address <del>13005-SR-80--          SUITE-225-          LOXAHATCHEE-FL-33470-          US--</del>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>11337 Okeechobee Blvd</b> Suite, Apt. #, etc.
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City & State <b>Royal Palm Beach, FL</b>	4. FEI Number <b>65-0480409</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33411</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**  
**MENKHAUS, DAVID J**  
**4800 N. FEDERAL HIGHWAY**  
**STE. 210-A**  
**BOCA RATON FL 33431**

**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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DEWAR, DONALD</b> <b>13005-SR-80-#225</b> <b>LOXAHATCHEE-FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>HUBER, JONATHAN</b> <b>13005-SR-80-#225</b> <b>LOXAHATCHEE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>BAUMEL, ERIC</b> <b>13005-SR-80-#225</b> <b>LOXAHATCHEE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PELAEZ, JUAN</b> <b>13005-SR-80-#225--</b> <b>LOXAHATCHEE F</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Dewar, Donald</b> <b>11337 Okeechobee Blvd</b> <b>Royal Palm Beach, FL 33411</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Huber, Jonathan</b> <b>11337 Okeechobee Blvd</b> <b>Royal Palm Beach, FL 33411</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>Baumel, Eric</b> <b>11337 Okeechobee Blvd.</b> <b>Royal Palm Beach, FL 33411</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Pelaez, Juan</b> <b>11337 Okeechobee Blvd.</b> <b>Royal Palm Beach, FL 33411</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: \_\_\_\_\_ DATE: **3-27-00** DAYTIME PHONE #: **561-795-6921**