2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 03, 2001 8:00 am Secretary of State DOCUMENT # P96000088137 1. Entity Name MEADOWS MRI, INC. 05-03-2001 90058 032 ***150.00 Principal Place of Business Mailing Address 3650 N FEDERAL HWY 3650 N FEDERAL HWY STE 211 211 LIGHTHOUSE POINT FL 33064 LIGHTHOUSE POINT FL 33064 Principal Place of Business 3. Mailing Address 000 Blades 900 6-lan DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0706123 TON at on 50Ca Not Applicable Country Zip \$8.75 Additional 3431 5. Certificate of Status Desired 'SA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERMANSON, JERRY Street Address (P.O. Box Number is Not Acceptable). 6341 NE 20TH WAY FT LAUDERDALE FL 33308 City 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 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 3R2E034 (10/00) Change TITLE ☐ Delete TITI F Charles Rd. SUITE 100 NAME NAME WHITEMAN, ALAN STREET ADDRESS STREET ADDRESS 675 NW 101ST TER CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33071 Delete TITLE TITLE NAME NAME BOROZNY, ALAN STREET ADDRESS STREET ADDRESS 1400 NW 14TH AVE CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33486** [] Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME HERMANSON, JERRY STREET ADDRESS STREET ADDRESS 6341 NE 20TH WAY CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33308 ☐ Delete TITLE TITLE □ Change Addition NAME NAME COHEN, JEFFREY STREET ADDRESS STREET ADDRESS 54 NE 4TH AVE CITY-ST-ZIP CITY-ST-ZIP **DELRAY BCH FL 33483** Delete TITLE TITLE Change Addition NAME PATEL, CIRVIND NAME STREET ADDRESS STREET ADDRESS 3812 WABEEK LAKE DR WEST CITY-ST-ZIP CITY-ST-ZIP **BLOOMFIELD HILL MI 48302** TITLE D ☐ Delete TITLE ☐ Addition NAME ZUKER, HARRY NAME STREET ADDRESS STREET ADDRESS 2895 TIMBERCREEK CIR CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** 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 require of 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 indicated on this report or supplemental report is true at of the corporation or the copiver of trustee empowered changed, or on an attachment with an address, with all

all other like empowered.

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN S. WhItemAN