2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State
03-27-2001 90006 011 ***150.00

DOCUMENT # P93000018323

1. Entity Name
MELBOURNE MAGNETIC RESONANCE IMAGING, P.A.

Principal Place of Business	Mailing Address
1051 SOUTH HICKORY ST. SUITE K MELBOURNE FL 32901	110 MARCUS DR MELVILLE NY 11747

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
none presently	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3170348 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~OLLE, DENNIS J~~ OLLE MACAULAY & ZORRILLA, P.A. 201 SOUTH BISCAYNE BLVD., #1402 MIAMI FL 33131	Name: Gabe Imperato, Esq./Broad & Cassel Street Address (P.O. Box Number is Not Acceptable): 500 East Broward Blvd., Suite 1130 City: Ft. Lauderdale FL Zip Code 33394

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] DATE 1/19/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD DAMADIAN, RAYMOND V 110 MARCUS DR. MELVILLE NY 11747 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTSD Raymond V. Damadian, M.D. 110 Marcus Drive ~~Melville, New York 11747~~ ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DAMADIAN, TIMOTHY 110 MARCUS DR. MELVILLE NY 11747 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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 [signature] Raymond V. Damadian, President 2/14/01 (631) 694-2929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #