

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000000557**

1. Entity Name

OSCEOLA IMAGING CENTER, LTD.

Principal Place of Business

**711 E. OSCEOLA STREET
STUART FL 34995**

Mailing Address

~~13005 G.R. RD. STE. 225~~
~~LOXAHATCHEE FL 33470~~

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

11337 Okeechobee Blvd

Royal Palm Bch, FL

33411 USA

4. FEI Number

65-0480409

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

MENKHAUS, DAVID J ESQ.

4800 NORTH FEDERAL HIGHWAY, SUITE 210-A

BOCA RATON FL 33431

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$105,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P94000008128**
NAME **OSCEOLA IMAGING CENTER, INC.**
STREET ADDRESS **13005 STATE RD 80 STE 225**
CITY - ST - ZIP **LOXAHATCHEE FL 33470**

STREET ADDRESS **11337 Okeechobee Blvd**
CITY - ST - ZIP **Royal Palm Beach, FL 33411**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP **600003214996--9**
04/19/00--01089--003

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CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

3-27-00 361-795-6921

APPROVED
AND
FILED

00 APR -3 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE