

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State
 05-04-2001 90026 045 ***150.00

04-347

DOCUMENT # F00000002066

1. Entity Name

JACKSONVILLE BEACHES MEDICAL IMAGING, INC.

Principal Place of Business

**8300 DUNWOODY PLACE, SUITE 209
 ATLANTA GA 30350-3304**

Mailing Address

**8300 DUNWOODY PLACE, SUITE 209
 ATLANTA GA 30350-3304**

2. Principal Place of Business

3316 South Third Street

3. Mailing Address

8302 Dunwoody Place

Suite, Apt. #, etc.

Suite 101

Suite, Apt. #, etc.

Suite 200

City & State

Jacksonville, FL

City & State

Atlanta, GA

Zip

32250

Country

USA

Zip

30350

Country

USA

4. FEI Number

52-2224844

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

**CRUMMITT, DARLYNE
 1737 ARDEN WAY
 JACKSONVILLE BEACH FL 32250**

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. 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 **CPST** ☐ Delete
 NAME **CARL, ROBERT D III**
 STREET ADDRESS **8300 DUNWOODY PLACE, SUITE 209**
 CITY-ST-ZIP **ATLANTA GA 30350-3304**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **SCOTT, MICHAEL R**
 STREET ADDRESS **8300 DUNWOODY PLACE, SUITE 209**
 CITY-ST-ZIP **ATLANTA GA 30350-3304**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 NAME
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 CITY-ST-ZIP

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:

Robert D Carl III
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01 (770) 578-9020
 Date Daytime Phone #

CR2E034 (10/00)