

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90104 026 ***158.75

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1. Entity Name
REGIONAL MRI OF JACKSONVILLE, INC.

Principal Place of Business
**4933 UNIVERSITY BLVD., WEST
JACKSONVILLE FL 32216**

Mailing Address
**9191 TOWNE CENTRE DRIVE, SUITE 400
SAN DIEGO CA 92122**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3568075**

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

**VEGA, MARITZA
5200 DAVISSON AVE., SUITE B
ORLANDO FL 32810**

Name **Lorraine Crawford**

Street Address (P.O. Box Number is Not Acceptable) **4933 University Blvd.**

West

City **Jacksonville,**

FL

Zip Code **32216**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Lorraine Crawford**

Lorraine Crawford

3/3/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CD** ☐ Delete
NAME **HULSEBUS, M. LEE**
STREET ADDRESS **9191 TOWNE CENTRE DRIVE, #400**
CITY-ST-ZIP **SAN DIEGO CA 92122**

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

TITLE **DP** ☐ Delete
NAME **MUEHLBERG, ROBERT S**
STREET ADDRESS **9191 TOWNE CENTRE DRIVE, #400**
CITY-ST-ZIP **SAN DIEGO CA 92122**

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

TITLE **S** ☐ Delete
NAME **SEIBERT, ROSS S**
STREET ADDRESS **9191 TOWNE CENTRE DRIVE, #400**
CITY-ST-ZIP **SAN DIEGO CA 92122**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **M. Lee Hulsebus**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 3, 2003 858-455-7127

Date

Daytime Phone #

CR2E034 (10/02)