

F20000001314

(Requestor's Name)

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(Address)

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(Business Entity Name)

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W20000016056  
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03/11/20--01029--002 \*\*622.50

FILED  
2020 MAR 10 PM 4:35  
TALLAHASSEE, FLORIDA

45 ✓



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 17, 2020

CHARLES G. FIORE  
225 BROADWAY  
SUITE:3020  
NEW YORK, NY 10007

SUBJECT: REGISTRY OF MAGNETIC RESONANCE IMAGING  
TECHNOLOGISTS, INC.  
Ref. Number: W20000016056

We have received your document for REGISTRY OF MAGNETIC RESONANCE IMAGING TECHNOLOGISTS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$622.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott  
Document Specialist II

Letter Number: 120A00003429

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Registry of Magnetic Resonance Imaging Technologists, Inc.  
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Charles G. Fiore

Name of Person

Charles G. Fiore, P.C.

Firm/Company

225 Broadway Suite 3020

Address

New York, New York 10007

City/State and Zip Code

Charles@FioreLawyer.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles Fiore

at ( 212 ) 285-2290

Name of Person

Area Code

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☒ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

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TALLAHASSEE, FLORIDA  
CLERK OF STATE

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO  
CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA:

1. Registry of Magnetic Resonance Imaging Technologists, Inc

(Name of corporation; must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

American Registry of Magnetic Resonance Imaging Technoligist, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

4. November 7, 1994

(Date of Incorporation)

5.

(Date of duration, if other than perpetual)

6. April 1, 2018

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 2444 NW 8th Street Delray Beach, Florida 33445

(Principal office street address)

(Current mailing address, if different)

8. Information supply

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: James Coffin

Office Address: 2444 NW 8th Street

Delray Beach

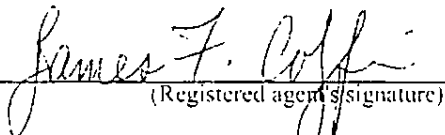
(City)

Florida 33445

(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

### A. DIRECTORS

☒ Chairman Name: James Coffin  
☐ Vice Chairman Address: 2444 NW 8th Street  
☐ Director Delray Beach Florida 33445  
☒ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Charles Fiore  
☐ Vice Chairman Address: 225 Broadway Suite 3020  
☒ Director New York, NY 10007  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Charles Kreines  
☐ Vice Chairman Address: 40 Wall Street  
☒ Director New York, New York 10005  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. James F. Coffin  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. James Coffin, President and Chairman  
(Typed or printed name and capacity of person signing application)

**State of New York  
Department of State } ss:**

I hereby certify, that the Certificate of Incorporation of REGISTRY OF MAGNETIC RESONANCE IMAGING TECHNOLOGISTS, INC. was filed on 11/07/1994, as a Not-for-Profit Corporation and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

I further certify that no other documents have been filed by such corporation.



\*\*\*

Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 14th day of January,  
two thousand and twenty.

*Brendan C. Hughes*

Brendan C. Hughes  
Executive Deputy Secretary of State

2020 MAR 10 PM 4:35  
CLERK OF THE SUPREME COURT  
JANUARY 14, 2020  
ALBANY, NEW YORK  
STATE OF NEW YORK  
DEPARTMENT OF STATE  
CLERK OF THE SUPREME COURT  
JANUARY 14, 2020  
ALBANY, NEW YORK

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Name Stephen Dashnaw  
Address- 44 New St.  
Wayne, NJ 07470  
Director

Name William Woodward  
Address- 3535 SE 16th Ave.  
Portland, OR 97202  
Director

Name Stephen Prince  
Address- 29530 2nd Pl., SW  
Federal Way, WA 98023-3547  
Director

Name Thomas Schrack  
Address- 11023 Bea Mar Ct.  
Fairfax, VA 22030

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