2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90404 040 ***150.00

C0055094

DOCUMENT # F 96000004957

1. Entity Name

TMS IMAGING, INC.

Principal Place of Business	Mailing Address
510 TOWNSHIP LINE RD. BLUE BELL, PA 19422	510 TOWNSHIP LINE RD., SUITE 100 BLUE BELL, PA 19422

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
510 TOWNSHIP LINE RD.	510 TOWNSHIP LINE RD.
Suite, Apt. #, etc.: SUITE 100	Suite, Apt. #, etc.: SUITE 100
City & State: BLUE BELL, PA	City & State: BLUE BELL, PA
Zip: 19422 Country: MONTGOMERY	Zip: 19422 Country: MONTGOMERY

4. FEI Number: 23-2327305 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BLUMBERG EXCELSIOR, INC.
4435 OLD WINTER GARDEN ROAD
ORLANDO, FL 32802

7. Name and Address of New Registered Agent

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PC D BALA BALASUBRAMANIAN 1240 NORMANDY DR. BLUE BELL, PA 19422	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V S CD USHA BALASUBRAMANIAN 1240 NORMANDY DR. BLUE BELL, PA 19422	☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (11/00)

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: Usha Balasubramanian USHA BALASUBRAMANIAN 4/17/01 (215) 619-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #