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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G65005**

(2)

1. Corporation Name

MRI - SOUTH UMBERTON, INC.

Principal Place of Business

**1021 FIFTH AVE., N.
STE. 104
ST. PETERSBURG FL 33705
US**

Mailing Address

**1339 BROAD ST
CLIFTON NJ 07013**

2. Principal Place of Business

2a. Mailing Address

21 **2701 N. Rocky Pointe Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 **650**

23 Zip

Country

28 **TAMPA, FLORIDA**

29 **33607**

Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and date of application

(If Officer) Registered Agent signature not required when registered

DATE

3/28/96

12. OFFICERS AND DIRECTORS

T ☐ DELETE

NAME **FARRELL, ROBERT**
STREET ADDRESS **1339 BROAD STREET**
CITY-ST-ZIP **CLIFTON NJ**

P ☐ DELETE

NAME **ADAMSON, ROBERT**
STREET ADDRESS **1339 BROAD ST**
CITY-ST-ZIP **CLIFTON NJ**

D ☐ DELETE

NAME **FARRELL, WILLIAM D**
STREET ADDRESS **1339 BROAD ST**
CITY-ST-ZIP **CLIFTON NJ**

V ☐ DELETE

NAME **BAFIA, DAN**
STREET ADDRESS **1201 5TH AVE.**
CITY-ST-ZIP **ST. PETERSBURG FL**

☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96

(813) 281-0202

Date

Telephone



CR2E034 (12/95)