FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # G65005

(2)

MRI - SOUTH UMBERTON, INC.

Country

9. Name and Address of Current Registered Agent

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City & State

33607

28 TAMPA FlorinA

\$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032 30 Hills Barugh ☐ Yes ☐ No Florida Statutes 10. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)

3a. Date of Last Report

06/13/1995

85 Zip Code

Applied For

Not Applicable

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

City & State

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uali	to the provi	rions d	f Sections	iof	1502 and 607.1508, Florida Statutes, the above	ve named corporation submits this statement for the opporation's board of directors. I hereby accept the	he purpose of changing its registered office
gist	ered agent,	or both.	in the Sta	1	If forida. Such change was authorized by the cor	orporation's board of directors. I hereby accept th	ie appointment as registered agent. Lam:
a v	vith, and acc	cept the	obligation	13.01	Section 607.0505, Florida Statutes.		1. 101
	N A	. ~	ヘノ マ.	/\/	·		2110101.

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or registere familial with	d agent, or both, in the Start of Florida , and accept the poligations of Section	Such change was authorize 607.0506, Florida Statutes.	od by the corporation's board	d of drectors. I hereby accept the appointment as registered agent. I am:	
SIGNATURE	isgnature Typed or professionalitic of registered autitudia.		FE Plagative of Agent signature responses	3118176	
12.	OFFICERS AND D		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	DELETE	1 : TIPLE	☐ Change ☐ Addition	
NAME	FARRELL, ROBERT	•	1.2 NAME		
STREET ADDRESS	1339 BROAD STREET		13 STREET ADDRESS		
CITY-ST-ZIP	CLIFTON NJ		1.4 C(TY+ST- 7)F		
TITLE	P	☐ DELETE	2.1 TIFLE	☐ Change ☐ Addition	
NAME	ADAMSON, ROBERT		2.2 NAME	200001825842	
STREET ADDRESS	1339 BROAD ST		2.3 STREET ADDRESS	-NS/17/9601008002	
City-St-ZiP	CLIFTON NJ		2.4 Cify (\$1-7i2)	****200.00 ****280.00	
TITLE	D	DELETE	3 1 TITLE	Change Addition	
NAME	FARRELL, WILLIAM D		3 2 NAME.		
STREET ADDRESS	1339 BROAD ST		3 3 STREE" ADDRESS		
CITY-ST-ZIP	CLIFTON NJ		3 4 CHY 5 C- ZIP		
TITLE	V	☐ DELETE	4 1 THL)	Change Addition	
NAME	BAFIA, DAN		4.2 NAMi		
STREET ADDRESS	1201 5TH AVE.		4.3 STREE ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		4.4 CITY - S.T - ZIP		
TITLE		DELETE	5 1 TOTALE	Change Addition	
NAME .			5 2 NAM [
STREET ADORESC			5 3 STHEE! ADDRESS		
CITY-ST-ZIP			5.4.0(4Y - 0.E - ZIP		
TITLE		☐ DELE1E	6.111(5	Change Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREE! ACORESS		
CITY CT 7LD			64 CHTY - ST - ZIP		

nation supplied with this filing is voluntarily furnished and ours not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further abid on this annual report or supplemental annual report is the and accurate and that my signature shall have the same logal effect as if made under other of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name 3 if change II, or only in lattachment with an address. 14. I do hereby certify that the infor-certify that the information indic oath; that I am an officer or dire appears in Block 12

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR