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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G65005  1. Corporation Name  MRI - SOUTH UMBERTON, INC.  Principal Place of Business  1201 1404 FIFTH AVE., N. STE, 104 ST. PETERSBURG FL 33705 US  PROCUMENT # G65005  Mailing Address 2701 N. ROCKY POINTE DRIVE #850 TAMPA FL 33607-5821					3. Date Incorporated or Qualified 30. Date of Last Report			
•••					10/14/1983		1/1996	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For		
21	41 No. of the Control	26			22-2499226	·····		Applicable
Suite, Ap	ot #, etc.	Suite, Apt. #,	etc.		5. Certificate of Status Desired		<b>\$8.75</b> A	
22 City & Sta	ato	City & State	<u></u>	·	6 Floring Compaign Figure in	<del></del>		<del></del>
23]	www.	28			6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	
Zip	Country	Zip		Country	8. This corporation has liability for			<del></del>
24	25	29	30	·	Florida Statutes		No	, , , , , , , , , , , , , , , , , , , ,
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New I	Registered A	gent	
				84 City			85 Zio (	ode
agent 1	I am familiar with, and accept the of	0502 and 607.1508, Floric tate of Florida. Such chan bligations of, Section 607.0	ia Statutes, t ge was autho 0505, Florida	the above-named co	rporation submits this statement for the ation's board of directors. I hereby acc	FL e purpose of c cept the appo	85 Zip Changing its	
11. Pursuan office or agent 1 SIGNATURE	I am familiar with, and accept the of	bligations of, Section 607.0	0505, Florida	the above-named co				
agent 1 SIGNATURE	I am familiar with, and accept the ol E Signature, typod or pented name of registered	bligations of, Section 607.0 d agent and title if applicable AND DIRECTORS	(NOTE: Re	the above-named co orized by the corpor a Statutes. gistered Agent signature req 13.		e purpose of coept the appo	changing its intment as	s registered registered
agent 1 SIGNATURE  112.  111LE	f am familiar with, and accept the of E Signature, typed or perfed name of registerer  OFFICERS	bligations of, Section 607.0 diagent and title (applicable	(NOTE: Re	the above-named coordized by the corporal Statutes.  pistered Agent signature req.  1.1 TITLE	ulred when reinstating)	e purpose of coept the appo	changing its intment as	s registered registered
agent 1 SIGNATURE  12. HILF NAME	t am familiar with, and accept the of  Signature, typed or pented name of registerer  OFFICERS  T FARRELL, ROBERT	bligations of, Section 607.0 d agent and title if applicable AND DIRECTORS	(NOTE: Re	the above-named coordized by the corpor is Statutes.  13.  1.1 TITLE  1.2 NAME	ulred when reinstating)	e purpose of coept the appo	changing its intment as	s registered registered S IN 12
agent 1 SIGNATURE  12. HILE NAME STREET ADDRESS	t am familiar with, and accept the of Signature, typed or pended name of registere OFFICERS  T FARRELL, ROBERT  S 1339 BROAD STREET	bligations of, Section 607.0 d agent and title if applicable AND DIRECTORS	(NOTE: Re	the above-named coorized by the corpor is Statutes.  13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ulred when reinstating)	e purpose of coept the appo	changing its intment as	s registered registered
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14. Too 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 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 employment 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 all achieves.

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 City - St - Zip

5.4 City-ST-ZIP

61 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

Cally - S1 - ZIP

CHTY-ST-74P

TIFLE NAME

IGNATURE AND TYPED OR PRINTED NAME OF BIONNIG OFFICER OR DIRECTOR

DELETE

(201) 488,6236

Change

Addition

**FILED** 

May 16 1997 8:00am

Secretary of State