

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G65005** (2)  
1. Corporation Name  
**MRI - SOUTH UMBERTON, INC.**



Principal Place of Business <b>1201 FIFTH AVE N STE. 104 ST. PETERSBURG FL 33705 US</b>	Mailing Address <b>2701 N. ROCKY POINTE DRIVE #650 TAMPA FL 33607</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>10/14/1983</b>	
21		26		4. FEI Number <b>65-0715232</b>	
22		27		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City B5 Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>T</b>	1.1 TITLE	<b>DIP</b>
NAME	<b>FARRELL, ROBERT</b>	1.2 NAME	<b>GERALD H. ALLEN</b>
STREET ADDRESS	<b>1339 BROAD STREET</b>	1.3 STREET ADDRESS	<b>155 STATE ST.</b>
CITY-ST-ZIP	<b>CLIFTON NJ</b>	1.4 CITY-ST-ZIP	<b>HACKENSACK, NJ 07601</b>
TITLE	<b>P</b>	2.1 TITLE	<b>VITIS</b>
NAME	<b>ADAMSON, ROBERT</b>	2.2 NAME	<b>GEOFFREY A WHYNOT</b>
STREET ADDRESS	<b>1339 BROAD ST</b>	2.3 STREET ADDRESS	<b>155 STATE ST.</b>
CITY-ST-ZIP	<b>CLIFTON NJ</b>	2.4 CITY-ST-ZIP	<b>HACKENSACK, NJ 07601</b>
TITLE	<b>D</b>	3.1 TITLE	
NAME	<b>FARRELL, WILLIAM D</b>	3.2 NAME	
STREET ADDRESS	<b>1339 BROAD ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLIFTON NJ</b>	3.4 CITY-ST-ZIP	
TITLE	<b>V</b>	4.1 TITLE	
NAME	<b>BAFIA, DAN</b>	4.2 NAME	
STREET ADDRESS	<b>1201 5TH AVE.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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.

CP2E034 (10/97)