


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90003 028 ***158.75

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|---|---|---|--|---|--|
| DOCUMENT # G65005 1. Entity Name MRI - SOUTH UMBERTON, INC. | | | |  | |
| Principal Place of Business 1033-9TH STREET N. SUITE 108 SAINT PETERSBURG, FL 33701 US | | | Mailing Address C/O MEDICAL RESOURCES, INC 125 STATE ST, STE 200-LEGAL DEPT HACKENSACK, NJ 07601 US | | |
| 2. Principal Place of Business MRA Open MRI | | | 3. Mailing Address c/o Medical Resources, Inc. | | |
| 6500 - 66th Street North | | | 1455 Broad St., 4th Fl., Legal Dept. | | |
| Pinellas Park, Florida | | | Bloomfield, New Jersey | | |
| Zip 33781 | Country US | Zip 07003 | Country US | 4. FEI Number 65-0715232 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 | | | 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MCCABE, DAVID M 125 STATE ST, STE 200 HACKENSACK, NJ 07601 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T McCabe, David M. 1455 Broad Street, 4th Floor Bloomfield, NJ 07003 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD JOYCE, CHRISTOPHER J 125 STATE ST, STE 200 HACKENSACK, NJ 07601 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Joyce, Christopher J. 1455 Broad Street, 4th Floor Bloomfield, NJ 07003 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Christopher J. Joyce 3-15-04 (973) 707-1100 <small>Date Daytime Phone #</small> | | |

54024173



02272004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0715232

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

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. I am familiar with, and accept the obligations of registered agent.

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

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SIGNATURE: _____ **Christopher J. Joyce** **3-15-04** **(973) 707-1100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #