

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H96579

1. Entity Name

MOBILE X-RAY SPECIALISTS, INC.

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90058 027 ***550.00

Principal Place of Business

~~656 FLORIDA CENTRAL PKWY~~
LONGWOOD FL 32750
US

Mailing Address

C/O EDWARD M LIVINGSTON ESO
P.O BOX 1599
WINTER PARK FL 32790
US

2. Principal Place of Business

150 WILDMERE ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LONGWOOD, FL

City & State

4. FEI Number

59-2273948

Applied For

Not Applicable

Zip

Country

32750 US

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIVINGSTON, EDWARD M
628 ELLEN DR
WINTER PARK FL 32789

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDM MCDONOUGH, KEVIN P. P.O. BOX 521292 LONGWOOD FL 32752	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kevin P. McDonough, President
KEVIN P. MCDONOUGH, President

8-24-00

Date

407 339 8337

Daytime Phone #

CR2E034 (5/00)