

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90173 021 ***150.00

DOCUMENT # J39311

1. Entity Name

MRI CENTER MANAGEMENT, INC.

Principal Place of Business

Mailing Address

1 C COLUMBIA DR..#110
TAMPA FL 33606

4-C COLUMBIA DR..#110
TAMPA FL 33606-3508

2. Principal Place of Business

3. Mailing Address

511 W. BAY ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

301

City & State

City & State

TAMPA FL

Zip

Country

Zip

33606

Country

USA

4. FEI Number

59-2791869

Applied For

Not Applicable

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

**CATES, JAMES, M.D.
4-C COLUMBIA DR. #110
TAMPA FL 33606**

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **MARTINEZ, CARLOS R., M.D**
CITY-ST-ZIP **6-C COLUMBIA DR.
TAMPA FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4-C COLUMBIA DR.**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **OTERO, RAUL MD**
CITY-ST-ZIP **4 C COLUMBIA DR
TAMPA FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **TAMPA FL 33606**

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **CATES, JAMES D., M.D.**
CITY-ST-ZIP **4-C COLUMBIA DR. STE 110
TAMPA FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **TAMPA FL 33606**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE *Raul Otero*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAUL OTERO

Date

4-27-2000

Daytime Phone #

CR2E034 (9/99)