

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State
 05-16-2001 90219 048 ***150.00

0341305

DOCUMENT # J39311

1. Entity Name

MRI CENTER MANAGEMENT, INC.

Principal Place of Business

**4-C COLUMBIA DR., #110
 TAMPA FL 33606**

Mailing Address

**511 W BAY ST
 301
 TAMPA FL 33606**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2759722**

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
CATES, JAMES, M.D.

Street Address (P.O. Box Number is Not Acceptable)
511 W. BAY ST., SUITE 301

City
TAMPA

FL

Zip Code
33606

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, 2001 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 **VD** ☐ Delete
 NAME **MARTINEZ, CARLOS R., M.D**
 STREET ADDRESS **4-C COLUMBIA DR**
 CITY-ST-ZIP **TAMPA FL 33606**

TITLE **V/S/D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **511 W. BAY ST., STE. 301**
 CITY-ST-ZIP **TAMPA FL 33606**

TITLE **SD** ☒ Delete
 NAME **OTERO, RAUL MD**
 STREET ADDRESS **4 C COLUMBIA DR**
 CITY-ST-ZIP **TAMPA FL 33606**

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

TITLE **PD** ☐ Delete
 NAME **CATES, JAMES D., M.D.**
 STREET ADDRESS **4-C COLUMBIA DR. STE 110**
 CITY-ST-ZIP **TAMPA FL 33606**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **511 W. BAY ST., STE. 301**
 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
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TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

766052



DO NOT WRITE IN THIS SPACE

[Signature]

4/30/01

[Signature]

4/30/01