

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91348 026 ***150.00

DOCUMENT # L91536

1. Entity Name
MOBILE RADIOLOGY AND EKG SERVICE, INC.



Principal Place of Business
**1940 DREW STREET
CLEARWATER FL 34625-3040**

Mailing Address
**PO BOX 17159
CLEARWATER FL 33762-0159**

2. Principal Place of Business
13773 ICOT BLVD.

3. Mailing Address

Suite, Apt. #, etc.
502

Suite, Apt. #, etc.

City & State
Clearwater, FL.

City & State

4. FEI Number
59-3022423

Applied For
Not Applicable

Zip
33760

Country

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

**CARTWRIGHT, RANDALL
1940 DREW STREET
CLEARWATER FL 33065**

Change to address

Name

Street Address (P.O. Box Number is Not Acceptable)

13773 ICOT BLVD, SUITE 502

City
CLEARWATER

FL

Zip Code
33760

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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
**CSTD
KLEMMETT, BELT L
1940 DREW ST.
CLEARWATER FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**13773 ICOT BLVD, SUITE 502
CLEARWATER, FL. 33760**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
CARTWRIGHT, RANDALL
1940 DREW STREET
CLEARWATER FL 33765**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**13773 ICOT BLVD, SUITE 502
CLEARWATER, FL. 33760**

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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: *Randall P. Cartwright*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03 (727) 443-0389
Date Daytime Phone #

CR2E034 (10/02)