

# 2000 UNIFORM BUSINESS REPORT (UBR)

0007439

DOCUMENT # **L95000000693**

1. Entity Name  
**MRI SERVICES, L.C.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 29 AM 11:36

Principal Place of Business

Mailing Address

~~6701 38TH AVENUE NORTH~~

P.O. BOX 1186

~~SUITE 9~~

TAMPA FL 33601-1186

~~ST. PETERSBURG FL 33710~~



2. Principal Place of Business

3. Mailing Address

**2319 W. Bristol Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#104**

DO NOT WRITE IN THIS SPACE

City & State

City & State

**Tampa FL**

4. FEI Number

**59-3344289**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33609**

**USA**

5. Certificate of Status Desired ☐

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCCOSKRIE, JOHN H  
4914 N. ARMENIA AVENUE  
TAMPA FL 33603**

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

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**MGR  
MCCOSKRIE, JOHN H  
P.O. BOX 1186 N/A  
TAMPA FL 33601**

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

**SIGNATURE REQUIRED**

**2/25/00**

**(727) 343-6376**

CR2E083 (9/99)