## **2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L9500000693  MRI SERVICES, L.C.							FILED				
Principal Place of Business Mailing Address							01 FEB -2 PM 2: 12				
2319 W. BRIS #104 TAMPA FL 33	<b>:</b>			SECRETARY OF TALLAHASSEE, I			1 <b>2010 1</b> (3)3 3 <b>00</b> 3				
2. Principal P	ness	· ·	-								
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE					
City & State			City & State			4. FEI î	Number 59-3344289		No	oplied For ot Applicable	
Zip	Zip Country		Zip Count		try	5. Certi	ficate of Status Desired		5.00 Add		
	6. Name	and Address of Current	Registered Agent			7. Nam	e and Address of New Reg				
	ييرفل ساسو	Name .									
MCCOSK 4914 N. /		Street Address (P.O. Box Number is Not Acceptable)									
tampa f		City			Ei	Zip Cod	е				
						FL					
8. The above	named entit	y submits this statement fo	or the purpose of changing its r	egistere	ed office or registere	ed agent,	or both, in the State of Floric	a.			
SIGNATURE .		· · · · · · · · · · · · · · · · · · ·									
	Signature, typed	or printed name of registered agent	and title if applicable. (NOTE:	Registere	d Agent signature required	when reinstat	ng)	DATE			
			FILE NO Make Check Pay		FEE IS \$50.00 o Department of	f State			•		
9.	• •	MANAGING MEMB	ERS/MEMBERS	10.			ADDITIONS/CI	HANGES			
TITLE NAME STREET ADDRESS		RIE, JOHN H 1186 N/A	☐ Delete		E Et address	`			☐ Change	☐ Addition	
CITY-ST-ZIP	TAMPA F	L 33601		╅—	-ST-ZIP		6000036	<u>}b∠'</u>	# ( b)	9	
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indicated (	on this repor pility compan	sy or the receiver a trustee	this filing does not qualify for the that my signature shall have the empowered to execute this reference to execute the result of the following managing member, managing membe	he exer e same port as	nption stated in Sec legal effect as if m required by Chapte	ade under er 608, Flo	oath: that I am a managing	member 6	that the intermediate of the control	r of the	