2000 UNIFORM BUSINESS REPORT (UBR)

			, , ,		, 1			
DOCUMENT # L9900005099 1. Entity Name					FILED			
PRESGAR IMAGING OF CMI SOUTH, L.C.					00 JAN 21 PM 3:58			
Principal Place of Business 15310 AMBERLY DRIVE SUITE 315		Mailing Address 15310 AMBERLY DRIVE SUITE 315		SECRETARY OF STATE TALLAHASSEE. FLORIDA				
TAMPA FL 33	TAMPA FL 33647-2146							
4860		3. Mailing Address						
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State Micami, FL		City & State			4. FEI Nu	mber -3593173		Applied For Not Applicable
Zip Country 33155 USA		Zip Country		у	5. Certific	cate of Status Desired	□ \$5.00 Fee Req	Additional autred
6. Name and Address of Current Registered Agent			<u>. </u>		7. Name	and Address of New Reg		
	رست او دارای دارهای از استان همه آند. ماندانهای میاندانها	The second of the second of the second		Name		· · · · · · · · · · · · · · · · · · ·	- ارتيان جي را اه	19
GIORDANO, JOHN N 220 SOUTH FRANKLIN STREET				Street Address (ss (P.O. Box Number is Not Acceptable)			
TAMPA FL 33602			Ì	-				
			Ì	City			FL Zip (Code
8. The above	named entity submits this statement for	the purpose of changing its	registered	d office or register	ed agent, or	both, in the State of Florid	da.	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE								
			<u>.</u>		T			
	;	Make Check Pa		EE IS \$50.00 Department of	f State			
9.	MANAGING MEMBE	RS/MEMBERS	10.			ADDITIONS/C	HANGES	
TITLE NAME STREET ADDRESS	MGR WRIGHT, GARY W 15310 AMBERLY DRIVE SUITE 31	Dedecto		T ADDRESS			Chan	nge 🗋 Addition
CITY-8T-ZIP	TAMPA FL 33647	П	CITY- S	IT- ZIP			☐ Chan	notition and
TITLE NAME		L_J Celete	TITLE NAME			100003	_	··•
STREET ADDRESS	1		STREET CITY- 8	ADDRESS		-01/31	/0001006	5024
CITY-ST-ZIP TITLE	· [Delete	TITLE			****	50.00 - 非常 #	** * 50 . 00
NAME	and and marketing in the		RAME	مت ہم۔ و شاہ شت			/ *** ~** * ***	
STREET ADDRESS CITY-ST-ZLP		,	STREET CITY-S	T ADDRESS				
TITLE		☐ Delete	TITLE			\sim	☐ Chan	nge 🔲 Addition
NAME STREET ADDRESS			NAME STREET	ADDRESS				
CITY- ST- ZIP			CITY-8	T-ZIP				
TITLE		☐ Deleta	TITLE NAME				☐ Chan	nge 🔲 Addition
NAME STREET ADDRESS	·			ADDRESS				
CITY- ST- ZIP			CITY- 8	T-ZIP		<u></u>		_
TITLE .		☐ Delete	TITLE NAME				Chan	nge Addition
STREET ADDRESS			STREET	ADDRESS				
CITY-ST-ZIP	portify that the information and the law	this filing does not smallfurfa-	CITY-		etion 140 07	7(3)(i) Elorido Statutas 14	urthor partific that t	
indicated	certify that the information supplied with on this report is true and accurate and t bility company or the receiver or fustee	hat my signature shall have	the same (egal effect as if m	nade under d	oath; that I am a managin	g member or man	nager of the
tou na	CV Justice					1 1	١	_