

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State
 03-19-2001 90018 013 ***150.00

DOCUMENT # P00000007974

1. Entity Name
PREFERRED MRI, INC.

Principal Place of Business

20124 OCEAN KEY DR
 BOCA RATON FL 33498

Mailing Address

20124 OCEAN KEY DR
 BOCA RATON FL 33498

2. Principal Place of Business

7525 B Sycamore RD
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 270909
 Suite, Apt. #, etc.

City & State

Dallas Texas

City & State

Dallas Texas

Zip

75227

Country

Zip

75227

Country

4. FEI Number

65-0982128

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HOPKINS, JOHN O ESQ
8000 N FEDERAL HWY
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

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

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

TITLE **D** ☐ Delete
 NAME **WEBB, JAMES H**
 STREET ADDRESS **20124 OCEAN KEY DR**
 CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE **D** ☐ Delete
 NAME **GROSSBECK, TED**
 STREET ADDRESS **20124 OCEAN KEY DR**
 CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE **D** ☐ Delete
 NAME **HOBBS, GRADY**
 STREET ADDRESS **20124 OCEAN KEY DR**
 CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **P.O. Box 270909**
 CITY-ST-ZIP **Dallas, Texas 75227**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **P.O. Box 270909**
 CITY-ST-ZIP **Dallas, TX 75227**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **P.O. Box 270909**
 CITY-ST-ZIP **Dallas TX 75227**

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

TITLE ☐ Change ☐ Addition
 NAME
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 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

JAMES H. WEBB

2/10/01

Date

561-470-1465

Daytime Phone #

CR2E034 (10/00)