

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-28-2003 90143 037 ***150.00

DOCUMENT # P00000008558

1. Entity Name

ULTRA OPEN MRI OF BRANDON, INC.



Principal Place of Business

125 W. ROBERTSON ST.
BRANDON FL 33511

Mailing Address

6440 38TH AVE. NORTH
STE. E-3
ST. PETERSBURG FL 33710

2. Principal Place of Business

123 W. Robertson St.

3. Mailing Address

P.O. Box 1186

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brandon FL

City & State

Tampa FL

4/FEI Number

59-3620472

Applied For

Not Applicable

Zip

33511

Country

USA

Zip

33601

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERGMAN, FREDERICK
2137 W. MARTIN LUTHER KING JR. BLVD.
TAMPA FL 33607

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. 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

TITLE D
NAME BERGMAN, FREDERICK J
STREET ADDRESS 2137 W. MARTIN LUTHER KING JR. BLVD.
CITY-ST-ZIP TAMPA FL 33607 ☐ Delete

TITLE D
NAME MCCOSKRIE, JOHN
STREET ADDRESS 2137 W. MARTIN LUTHER KING JR. BLVD.
CITY-ST-ZIP TAMPA FL 33607 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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:

John H. McCoskrie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/03 (227)347-5647
Date Daytime Phone #

CR2E034 (10/02)