

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000055990

1. Entity Name  
ARA IMAGING, INC.

Principal Place of Business  
Ave  
5410 NW 33RD ST., SUITE 108  
FT. LAUDERDALE FL 33308 33309

Mailing Address Ave  
5410 NW 33RD ST., SUITE 108  
FT. LAUDERDALE FL 33308 33309

2. Principal Place of Business  
5410 NW 33 Avenue  
Suite, Apt. #, etc.  
#108  
City & State  
Ft. Lauderdale, FL  
Zip  
33309  
Country  
USA

3. Mailing Address  
5410 NW 33 Avenue  
Suite, Apt. #, etc.  
#108  
City & State  
Ft. Lauderdale  
Zip  
33309  
Country  
USA

FILED  
Sep 18, 2001 8:00 am  
Secretary of State

09-18-2001 90011 041 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-0983350  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCARTNEY, SHARI L  
633 S. FEDERAL HWY.  
FT. LAUDERDALE FL 33301

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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  
NAME PD  
STREET ADDRESS ALARCON, ALAN F Ave  
CITY-ST-ZIP 5410 NW 33RD ST., SUITE 108  
FT. LAUDERDALE FL 33308 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME President / CEO  
STREET ADDRESS Alan F. Alarcon, MD  
CITY-ST-ZIP 5410 NW 33 Avenue #108  
Ft. Lauderdale, FL 33309 ☒ Change ☐ Addition

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

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

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

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

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

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

Date

Daytime Phone #

9-10-01 954-677-7600

00092600 AV 9/18/01

CR2E034 (5/01)