

2001 UNIFORM BUSINESS REPORT (UBR)

6/2/

FILED
Jul 06, 2001 8:00 am
Secretary of State

06-02-2001 90008 026 ***150.00

DOCUMENT # P00000063328

1. Entity Name

IMAGEWORKS MRI, INC.

Fed ID 65-1014957

Principal Place of Business

Mailing Address

1438 WELLINGTON COURT
 CAPE CORAL, FL 33904-9723

2. Principal Place of Business

3. Mailing Address

Same
 Suite, Apt. #, etc.

Same
 Suite, Apt. #, etc.

City & State

City & State

CAPE CORAL, FL

Zip 33904-9723, Country LEE

Zip

Country

4. FEI Number

65-1014957

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIANA CHATAGNIER
 1438 WELLINGTON COURT
 CAPE CORAL, FL. 33904-9723

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!!!
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
 NAME DIANA CHATAGNIER ☐ Delete
 STREET ADDRESS 1438 Wellington Ct
 CITY-ST-ZIP Cape Coral, FL 33904

TITLE
 NAME WILTON CHATAGNIER ☐ Delete
 STREET ADDRESS 1438 Wellington Ct.
 CITY-ST-ZIP Cape Coral, FL 33904

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

3. 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

Diana Chatagnier

May 30, 2001

Date

Daytime Phone #

CR2E034 (11/00)