## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P00000063328 DOCUMENT # 1. Entity Name



## **FILED** Jan 24, 2003 8:00 am Secretary of State 01-24-2003 90103 044 \*\*\*150.00

IMAGEW	ORKS MRI, INC.										
1438 WELLING	ce of Business STON COURT FL 33904-9723	Mailing Address PO BOX 101264 CAPE CORAL FL 33910-1264				LIARNAGI IN ARIU REIO ARIU ARIU			B ((557 (511 (66)		
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2. Principal F	Place of Business	3. Mailing Address						FRAN UTNA EI	100 lik <b>or</b> ilék	8 1788) 1871 1881	
Suite, Apt.	# etc	Suite, Apt. #, etc.				-					
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City & Stat	e	City & State				4. [	FEI Number <b>65-1014957</b>			Applied For	]
Zip Country		Zip Cour			ntry	5. (	Certificate of Status Desired		] [1 <b>\$8.75</b> A ee Requi		1
	6. Name and Address of Current	Registered Agent				7. P	Name and Address of New Rec		•		┨
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8. The above the obligat	named entity submits this statement for ions of registered agent.	r the purp	oose of changing its re	egistere	ed office or registere	ed ag	ent, or both, in the State of Florid	ta. I am fa	ımiliar with	i, and accept	Ī
SIGNATURE .											
	Signature, typed or printed name of registered agent	and title if app	olicable. (NOTE: F	Registere	d Agent signature required	when re	einstating)	DATE			1
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Fiorida Department of State							9. Election Campaign Finar Trust Fund Contribution.	ocing		00 May Be ed to Fees	
10.	OFFICERS AND					AD	L DITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 11	┨
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	ertify that the information supplied with	this filing	does not qualify for th			tion 1	110 07/3\/ii\ Elorida Statutoo Lfu	rthar and	u that the	information	-

indicated on this report or supplied with this initing 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 suppliemental 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 appearance of the chapter 607 in a parameter with an address, with all other like empowered.

**SIGNATURE:**