

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90029 005 ***150.00

DOCUMENT # P01000018634

1. Entity Name

ULTRA OPEN MRI OF PALM HARBOR, INC.

Principal Place of Business

~~2019 W BRISTOL AVE~~
~~TAMPA FL 33607~~

Mailing Address

~~2019 W BRISTOL AVE~~
~~TAMPA FL 33607~~

2. Principal Place of Business

36452 US Hwy 19 N

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1186

Suite, Apt. #, etc.

City & State

Palm Harbor FL

City & State

Tampa FL

Zip

34684

Country

USA

Zip

33601

Country

USA

4. FEI Number

59-3730287

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERGMANN, FREDERICK J

~~2019 W BRISTOL AVE~~
~~TAMPA FL 33607~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2137 Martin Luther King Blvd. W.

City

Tampa

FL

Zip Code

33607

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, 2002 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 **Director** ☐ Delete
 NAME **Frederick J. Bergmann**
 STREET ADDRESS **2137 Martin Luther King Blvd. W.**
 CITY-ST-ZIP **Tampa FL 33607**

TITLE **Director** ☐ Delete
 NAME **John H. McCoskrie**
 STREET ADDRESS **6449 38th Ave. N. Ste 6-3**
 CITY-ST-ZIP **St. Petersburg FL 33710**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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 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

Date

Daytime Phone #

John H. McCoskrie **2-27-02** **(727) 347-5647**

CR2E034 (9/01)