FILED

2002 Uniform Business Report (UBR)

SIGNATURE:

Apr 23, 2002 8:00 am Secretary of State P01000042220 **DOCUMENT #** 03-28-2002 90013 029 ***150.00 1. Entity Name SPECIALTY IMAGING OF BRANDON, INC. Principal Place of Business Mailing Address 24956 122 LINSLEY AVENUE. SUITE C C/O WARREN WYLIE BRANDON FL 33511 122 LINSLEY AVENUE SUITE C BRANDON FL 33511 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEL Number 59-3713290 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 8. Name and Address of Current Registered Agent Name and Address of New Registered Agent -BEKHOR, DAVID Street Address (P.O. Box Number is Not Acceptable) 14390 CARLSON CIRCLE TAMPA FL 33626-3003 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE (<u>9</u>/07 ☐ Delete TITLE Change ☐ Addition MCTAGGART, JOHN D NAME NAME STREET ADDRESS 122 LINSLEY AVENUE, SUITE C STREET ADDRESS BRANDON FL-33511 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NANNI, MARK D. NAME NAME 122 LINSLEY AVENUE. SUITE C STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRANDON FL 33511 . 4- - -CITY-ST-ZIP TITLE ☐ Delete ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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