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

DOCUMENT # P01000061628

1. Entity Name

PMI IMAGING SYSTEMS OF FLORIDA, INC.



Apr 21, 2003 8:00 am Secretary of State 04-21-2003 90299 041 ***150.00

Principal Place of Business Mailing Address 2100 PARK CENTRAL BLVD N STE 300 2100 PARK CENTRAL BLVD N STE 300 POMPANO BEACH FL 33064 POMPANO BEACH FL 33064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-1114347 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHWARTZ, GARY Street Address (P.O. Box Number is Not Acceptable) 2100 PARK CENTRAL BLVD N #300 POMPANO BEACH FL 33064 City Zin 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE ☐ Change ☐ Addition R2E034 (10/02 TITLE NAME NAME SCHWARTZ, GARY J STREET ADDRESS STREET ADDRESS 2100 PARK CTRL BLVD. N #300 CITY-ST-ZIP POMPANO BEACH FL 33064 CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition 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 TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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SIGNATURE:

 I hereby certify that the information indicated on this report or suppler of the corporation or the received

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with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of its 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 emporator of the same legal effect as if made under oath; that I am an officer or director entry of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if the same legal effect

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