

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90022 013 ***163.75

DOCUMENT # P01000074557

1. Entity Name

MEDICAL IMAGING AND MANAGEMENT, INC.

Principal Place of Business

4475 MEDICAL CENTER WAY SUITE 2
WEST PALM BEACH FL 33407

Mailing Address

4475 MEDICAL CENTER WAY SUITE 2
WEST PALM BEACH FL 33407

2. Principal Place of Business

2500 N. Military Trail

3. Mailing Address

Suite, Apt. #, etc.

Suite 125

City & State

Boca Raton FL

City & State

Zip

Country

33431

P. Beach

Zip

Country

4. FEI Number

651133696

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WALK, GARY

515 N. FLAGLER DRIVE, 18TH FLOOR

WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

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!!! 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 **D** ☐ Delete
NAME **PEVSNER, N. HENRY M.D.**
STREET ADDRESS **4475 MEDICAL CENTER WAY SUITE 2**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE **D** ☐ Delete
NAME **STERNBERG, DENNIS**
STREET ADDRESS **1599 N.W. 9TH AVENUE SUITE 2A**
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **D** ☐ Delete
NAME **LACNY, CARL**
STREET ADDRESS **1599 N.W. 9TH AVENUE SUITE 2A**
CITY-ST-ZIP **BOCA RATON FL 33486**

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

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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 #

N. Henry M.D. Pevsner Pres

1/4/02 5618442222

CR2E034 (9/01)