

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90145 029 ***158.75

DOCUMENT # P01000113327

1. Entity Name
MRI OF MELBOURNE, INC.

Principal Place of Business 818 E COLONIAL DR ORLANDO FL 32803	Mailing Address 818 E COLONIAL DR ORLANDO FL 32803
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3758892	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**EFFENSON, LEE D
 954 BANYAN DR
 DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent

Name Lee D. Effenson
Street Address (P.O. Box Number is Not Acceptable) 818 E. Colonial Dr.
Orlando, FL 32803
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 **04/11/2002**
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD	<input type="checkbox"/> Delete
NAME EFFENSON, LEE D	
STREET ADDRESS 954 BANYAN DR	
CITY-ST-ZIP ORLANDO FL 32803	
TITLE VD	<input type="checkbox"/> Delete
NAME EFFENSON, KATHLEEN	
STREET ADDRESS 954 BANYAN DR	
CITY-ST-ZIP ORLANDO FL 32803	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Lee D. Effenson	
STREET ADDRESS 818 E. Colonial Dr.	
CITY-ST-ZIP Orlando, FL 32803	
TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Kathleen Effenson	
STREET ADDRESS 818 E. Colonial Dr.	
CITY-ST-ZIP Orlando, FL 32803	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 officers empowered.

SIGNATURE: **Lee D. Effenson**
04/11/2002 (407) 650-8883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

UN33000 11 CR2E034 (9/01)