

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0013152 AV

DOCUMENT # P01000113327

1. Entity Name  
MRI OF MELBOURNE, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
03 SEP 10 PM 3:52

Principal Place of Business  
818 E COLONIAL DR  
ORLANDO FL 32803

Mailing Address  
818 E COLONIAL DR  
ORLANDO FL 32803

2. Principal Place of Business

3. Mailing Address

1730 S. Fed. Hwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Delray Beach Fla.

Zip

Country

33483

Country

USA



4/28/03 90300 002 \$158.75

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3758892

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EFFENSON, LEE D  
818 E COLONIAL DR  
ORLANDO FL 32803

Name: Alexia Cough  
Street Address (P.O. Box Number is Not Acceptable): 1730 S Federal Hwy  
City: Delray Bch FL Zip Code: 33483

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] DATE: 9/8/03

FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	EFFENSON, LEE D	
STREET ADDRESS	818 E COLONIAL DR	
CITY - ST - ZIP	ORLANDO FL 32803	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	EFFENSON, KATHLEEN	
STREET ADDRESS	818 E COLONIAL DR	
CITY - ST - ZIP	ORLANDO FL 32803	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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CITY - ST - ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all order like empowered.

SIGNATURE: [Signature] DATE: 9/8/03 DAYTIME PHONE #: 561-289-9586

CR2E034 (4/03)