

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90130 021 ***150.00

DOCUMENT # P02000011055

1. Entity Name
FLORIDA MOBILE MRI, INC.



Principal Place of Business
4400 N. FEDERAL HWY. SUITE 210
BOCA RATON FL 33431

Mailing Address
4400 N. FEDERAL HWY. SUITE 210
BOCA RATON FL 33431



2. Principal Place of Business **2885 S. Congress Ave.** **3. Mailing Address** **2885 S. Congress Ave**

Suite, Apt. #, etc. **Suite A.** **Suite, Apt. #, etc.** **Suite A.**

City & State **Delray Beach, FL** **City & State** **Delray Bch, FL**

Zip **33445** **Country** **USA** **Zip** **33445** **Country** **USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **02-0549291** **Applied For** **Not Applicable**

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

6. Name and Address of Current Registered Agent
JACOBSON, DONALD N
4400 N. FEDERAL HWY, SUITE 210
BOCA RATON FL 33431

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ **(NOTE: Registered Agent signature required when reinstating)** **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|--------------------------------|---------------------------------|---|------------------------------|--|
| TITLE | D | <input type="checkbox"/> Delete | TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MASTERMAN, MICHAEL DR | | NAME | masterman, michael dr. | |
| STREET ADDRESS | 4400 N. FEDERAL HWY, SUITE 210 | | STREET ADDRESS | 2885 S. Congress Ave Ste. A. | |
| CITY-ST-ZIP | BOCA RATON FL 33431 | | CITY-ST-ZIP | Delray Beach, FL 33445 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
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| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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 other like empowered.

SIGNATURE: _____ **1/10/03** **521-750-6992**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (10/02)