

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91212 015 ***150.00

DOCUMENT # **PO20000014051**

1. Entity Name

FULL BODY MEDICAL IMAGING, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

120 ISLE OF VENICE #1

Suite, Apt. #, etc.
FORT LAUDERDALE, FLORIDA

City & State
33301 USA

Zip Country

3. Mailing Address

1770 E. LAS OLAS BLVD #204

Suite, Apt. #, etc.
FORT LAUDERDALE, FLORIDA

City & State
33301 USA

Zip Country

4. FEI Number

782993634

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **DENNIS J. QUARANTELLI**

Street Address (P.O. Box Number is Not Acceptable)

1770 E. LAS OLAS BLVD #204

City **FORT LAUDERDALE**

FL

Zip Code **33301**

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

DENNIS J. QUARANTELLI/PRES. 4-15-03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT DENNIS J. QUARANTELLI 1770 E. LAS OLAS BLVD #204 FORT LAUDERDALE FL 33301
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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 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 #

DENNIS J. QUARANTELLI/PRES. 4-15-03 954 803-3295

CR2E034B (12/02)