

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90480 034 ***158.75

DOCUMENT # P02000015541

1. Entity Name
ANIMAL MOBILE IMAGING, INC.



Principal Place of Business
C/O 5001 S. UNIVERSITY DRIVE
DAVIE FL 33328

Mailing Address
C/O 5001 S. UNIVERSITY DRIVE
DAVIE FL 33328



2. Principal Place of Business
6191 Orange Dr

3. Mailing Address
6191 Orange Dr

Suite, Apt. #, etc.
Suite 6171

Suite, Apt. #, etc.
Suite 6171

City & State
DAVIE FL

City & State
DAVIE FL

Zip Country
33314 USA

Zip Country
33314 USA

4. FEI Number
030395944

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MREJEN, ARIE P.A.
701 W CYPRESS CREEK ROAD, SUITE 302
FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name BRUCE KOPLOWITZ
Street Address (P.O. Box Number is Not Acceptable)
6191 Orange Dr. Suite 6171
City DAVIE FL Zip Code 33314

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-13-03
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 Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WINKOWSKI, LINDA	
STREET ADDRESS	C/O 5001 S. UNIVERSITY DRIVE	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KOPLOWITZ, BRUCE	
STREET ADDRESS	C/O 5001 S. UNIVERSITY DRIVE	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MACKENZIE, RAY	
STREET ADDRESS	C/O 5001 S. UNIVERSITY DRIVE	
CITY-ST-ZIP	DAVIE FL 33328	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pappas, Robyn	
STREET ADDRESS	6191 Orange Dr. Suite 6171	
CITY-ST-ZIP	DAVIE, FL 33314	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Koplowitz, Bruce	
STREET ADDRESS	6191 Orange Dr Suite 6171	
CITY-ST-ZIP	DAVIE, FL 33314	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McKenzie, Ray	
STREET ADDRESS	6191 Orange Dr Suite 6171	
CITY-ST-ZIP	DAVIE, FL 33314	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-03
Date

954-680-3530
Daytime Phone #

CR2E034 (10/02)