

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000022638

1. Entity Name

OPEN MRI OF TAMPA, INC.



FILED

03 SEP -9 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
818 E. COLONIAL DR.
TAMPA FL 32803

Mailing Address
818 E. COLONIAL DR.
TAMPA FL 32803

2. Principal Place of Business

3. Mailing Address

1730 S. Fed. hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Del Ray Beach Fla.

4. Fee Number

20-0046772

Applied For

Not Applicable

Zip

Country

Zip

33483

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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

Alexa Couch

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

1730 S Federal Hwy

City

Delray Beach

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

(NOTE: Registered Agent signature required when reinstating)

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 P
NAME EFFENSON, LEE D
STREET ADDRESS 818 E. COLONIAL BLVD.
CITY-ST-ZIP ORLANDO FL 32803

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

600022881776

09/09/03--01040--019 **400.00

TITLE VP
NAME EFFENSON, KATHLEEN
STREET ADDRESS 818 E. COLONIAL BLVD.
CITY-ST-ZIP ORLANDO FL 32803

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ Addition

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 persons empowered.

SIGNATURE:

Signature, typed or printed name of signing officer or director

Date

Daytime Phone #

561-2899586

CR2E034 (4/03)