

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90146 041 \*\*\*150.00

**DOCUMENT # P02000064744**

1. Entity Name  
**IMACS OF NORTH MIAMI, INC.**



Principal Place of Business  
**6299 W SUNRISE BLVD STE 107A  
FT LAUDERDALE FL 33313**

Mailing Address  
**6299 W SUNRISE BLVD STE 107A  
FT LAUDERDALE FL 33313**



2. Principal Place of Business

**20533 Biscayne Blvd=**

3. Mailing Address

**SAME AS ABOVE**

Suite, Apt. #, etc.

**Suite 1327**

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Aventura**

City & State

4. FEI Number

**04-3692632**

Applied For

Not Applicable

Zip  
**33180**

Country  
**USA**

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**THOMPSON, SANDRA  
10417 SW 22ND PL  
FT LAUDERDALE FL 33324**

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  
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** ☐ Delete  
NAME **THOMPSON, DAVID**  
STREET ADDRESS **6299 W SUNRISE BLVD STE 107A**  
CITY-ST-ZIP **FT LAUDERDALE FL 33313**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **THOMPSON, SANDRA**  
STREET ADDRESS **6299 W SUNRISE BLVD STE 107A**  
CITY-ST-ZIP **FT LAUDERDALE FL 33313**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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: **Sandra Thompson**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-27-03 (954) 727-9588**  
Date Daytime Phone #

CR2E034 (10/02)