

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000007105

1. Entity Name

GLOBAL MEDICAL IMAGING, INC.

FILED

Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90006 031 ***150.00

Principal Place of Business

Mailing Address

1640 WALLACE ROAD
LUTZ FL 33549
US

1640 WALLACE ROAD
LUTZ FL 33549-3933
US

2. Principal Place of Business

3. Mailing Address

1640 WALLACE RD.

1640 WALLACE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LUTZ, FL

LUTZ, FL

Zip

Country

Zip

Country

33549

USA

33549

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NARAYANAN, SAMMY
1640 WALLACE ROAD
LUTZ FL 33549

Name

SAMMY NARAYANAN

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

1640 WALLACE RD.

City

LUTZ

FL

Zip Code

33549

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.

SIGNATURE

S. Narayana - PRESIDENT

4-11-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.



\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME NARAYANAN, SAMMY
STREET ADDRESS 2065 WEST ALAMEDA DRIVE
CITY-ST-ZIP SPRING HILL FL 34609

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ST
NAME NARAYANAN, ROOPDAI
STREET ADDRESS 2065 WEST ALAMEDA DRIVE
CITY-ST-ZIP SPRING HILL FL 34609

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

S. Narayana - PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #