

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000013080

1. Entity Name

WEST PALM BEACH MAGNETIC RESONANCE IMAGING, P.A.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 27 PM 2: 22

Principal Place of Business

5841 CORPORATE WAY
WEST PALM BEACH FL 33407-2039

Mailing Address

5841 CORPORATE WAY
WEST PALM BEACH FL 33407-2039

2. Principal Place of Business

3. Mailing Address

110 Marcus Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Melville, NY

Zip

Country

Zip
11747

Country

USA

4. FEI Number
65-0389061

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IMPERATO, GABE ESQ.

BROAD & CASSEL

500 E. BROWARD BLVD., STE. 1130

FT. LAUDERDALE FL 33394

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.

SIGNATURE

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
DAMADIAN, RAYMOND V MD
110 MARCUS DR.
MELVILLE NY 11747 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P,T,D,S
Raymond V. Damadian, M.D.
110 Marcus Drive
Melville, NY 11747 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
DAMADIAN, TIMOTHY
110 MARCUS DR.
MELVILLE NY 11747 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700004627457--0
-10/08/01--01077--017
***750.00 ***750.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

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

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: *Raymond V. Damadian, Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond V. Damadian, President 9/19/01 631-694-2929

Date

Daytime Phone #

CR2E034 (5/01)

0072479