

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000036692

1. Entity Name

MOBILE RESONANCE IMAGING INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90039 022 ***150.00

Principal Place of Business

6640 SOUTH U.S. ONE
PORT SAINT LUCIE FL 34952

Mailing Address

6640 SOUTH U.S. ONE
PORT SAINT LUCIE FL 34952

2. Principal Place of Business

1000 Virginia Avenue

3. Mailing Address

1000 Virginia Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Pierce, FL

City & State

Fort Pierce, FL

Zip

34982

Country

St. Lucie

Zip

34982

Country

St. Lucie

4. FEI Number

65-0398196

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALLER, LESLIE
1521 CHARDON STREET
JENSEN BEACH FL 34957

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.

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 \$150.00
After MAY 1, 2001 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WALLER, LESLIE
2291 SWEETWATER DRIVE
FT PIERCE FL 34981 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JONES, GLENN
1406 S 25TH STREET
FORT PIERCE FL 34947 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BRATUS, ELEANOR
1383 IBIS DRIVE
ENGLEWOOD FL 34224 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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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:

Les Waller

Les Waller, President

4/25/01 (561) 466-5050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)