

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000051076

1. Entity Name

ALLIANCE MEDICAL, INC.

Principal Place of Business

Mailing Address

115 MANATEE AVENUE WEST
BRADENTON FL 34205
US

115 MANATEE AVENUE WEST
BRADENTON FL 34205-8811
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3205928

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

JACOBSEN, ROBIN
115 MANATEE AVENUE WEST
BRADENTON FL 34205

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, 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 VP
NAME RIDDLE, DOUGLAS
STREET ADDRESS 115 MANATEE AVENUE WEST
CITY-ST-ZIP BRADENTON FL 34205 ☐ Delete

TITLE President
NAME Riddle, Douglas
STREET ADDRESS 115 Manatee Ave West
CITY-ST-ZIP Bradenton, FL 34205 ☒ Change ☐ Addition

TITLE S
NAME JACOBSEN, ROBIN
STREET ADDRESS 115 MANATEE AVENUE WEST
CITY-ST-ZIP BRADENTON FL 34205 ☐ Delete

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

TITLE P
NAME WILLIAMS, MICHAEL I
STREET ADDRESS 45 MANATEE AVE WEST
CITY-ST-ZIP BRADENTON FL 34205 ☐ Delete

TITLE VP
NAME Williams, Michael I.
STREET ADDRESS 115 Manatee Ave. West
CITY-ST-ZIP Bradenton, FL 34205 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bo Douglas Riddle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-00

Date

941-741-9513

Daytime Phone #

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90077 050 ***150.00

00013601



DO NOT WRITE IN THIS SPACE