

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2001 8:00 am
Secretary of State

06-25-2001 90041 042 ***150.00

DOCUMENT # **9300051076**

1. Entity Name

Alliance Medical, Inc.

Principal Place of Business

Mailing Address

**115 Manatee Avenue West
 Bradenton, FL 34205**

'SAME'

2. Principal Place of Business

517 2nd Street West

3. Mailing Address

517 2nd Street West

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton, FL

City & State

Bradenton, FL

4. FEI Number

59-3205928

Applied For

Not Applicable

Zip

34205

Country

US

Zip

34205

Country

US

6. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

A0074609

6. Name and Address of Current Registered Agent

**Jacobsen, Robin
 517 2nd Street West
 Bradenton, FL 34205**

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 MONTHLY FEE IS \$150.00
AFTER MAY 1, 2001 Fee will be \$550.00
Must 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	CEO	<input type="checkbox"/> Delete
NAME	Williams, Michael I.	
STREET ADDRESS	115 Manatee Ave West	
CITY-ST-ZIP	Bradenton FL 34205	
TITLE	S	<input type="checkbox"/> Delete
NAME	Jacobsen, Robin	
STREET ADDRESS	115 Manatee Ave West	
CITY-ST-ZIP	Bradenton, FL 34205	
TITLE	T	<input type="checkbox"/> Delete
NAME	Williams, Edward I.	
STREET ADDRESS	115 Manatee Ave West	
CITY-ST-ZIP	Bradenton, FL 34205	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	James Avellini, James R.	
STREET ADDRESS	115 Manatee Ave West	
CITY-ST-ZIP	Bradenton, FL 34205	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	517 2nd Street West	
CITY-ST-ZIP	Bradenton, FL 34205	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	517 2nd Street West	
CITY-ST-ZIP	Bradenton, FL 34205	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	517 2nd Street West	
CITY-ST-ZIP	Bradenton, FL 34205	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

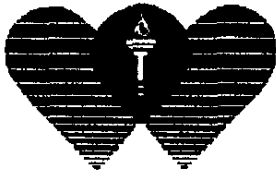
SIGNATURE: **Williams, Michael I. Williams** 6/18/01 941-725-1179

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2034 (11/00)



Alliance Medical, Inc.

Attachment
DH# P9300005102
A0074609

June 18, 2001

Florida Division of Corporation
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Fl. 32302-1500

To Whom it may concern,

Please find enclosed the 2001 Uniform Business Report, which we downloaded from your internet site, for our Corporation along with a check in the amount of \$150.00. We relocated our office to 517 2nd Street West, Bradenton Florida 34205 from 115 Manatee Ave West, Bradenton Florida 34205 in February of this year. We did not receive our annual UBR from your office and our accountant reminded us last week that we should have already filed a UBR for 2001. I called your office and they advised us to download the UBR, and send it with the \$150.00 fee along with this letter of explanation.

We are therefore requesting that due to the U.S. Postal system not delivering to our office the original UBR report, that you waive the late filing fee. We really appreciate your consideration in this matter.

If are any other questions that we may answer please call 941-725-1179.

Thank you,

Michael I. Williams
President