

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90397 016 ***150.00

DOCUMENT # P94000008128

1. Entity Name

Osceola Imaging Center, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

711 E. Osceola St.

Suite, Apt. #, etc.

Suite 225

3. Mailing Address

11337 Okeechobee Blvd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Stuart, FL

City & State
Royal Palm Beach, FL

4. FEI Number

57826
65-04

Applied For
Not Applicable

Zip
34994

Country
USA

Zip
33411

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name David J. MenKhaus

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

2424 N. Federal Hwy, Suite 456

City Boca Raton

FL

Zip Code
33431

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	P Dewar, Donald 11337 Okeechobee Blvd Royal Palm Beach, FL 33411
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Huber, Jonathan 11337 Okeechobee Blvd Royal Palm Beach, FL 33411
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST Baumel, Eric 11337 Okeechobee Blvd Royal Palm Beach, FL 33411
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Pelaez Juan 2056 NW Fork Rd Stuart, FL 34994
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other, etc. empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jonathan Huber

4/30/02

561-795-6921

Date

Daytime Phone #

CR2E034B (12/01)