

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000024457

1. Entity Name

X-CEL MOBILE MEDICAL IMAGING, INC.

FILED

Mar 07, 2000 8:00 am  
Secretary of State

03-07-2000 90037 021 \*\*\*150.00

Principal Place of Business

Mailing Address

180 12TH ST SE  
NAPLES FL 34117  
US

180 12TH ST SE  
NAPLES FL 34117-3667  
US

2. Principal Place of Business

3. Mailing Address

3673 Prospect Ave.

Suite, Apt. #, etc.  
Bay #2

Suite, Apt. #, etc.

City & State  
Naples, Florida

City & State

4. FEI Number 65-0568578

Applied For

Not Applicable

Zip  
34104

Country  
Collier

Zip

Country

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

BASS, RAYMOND L JR.  
2335 TAMiami TR N  
SUITE 409  
NAPLES FL 33940-4459

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 D ☐ Delete  
NAME MACNICOL, TERESA  
STREET ADDRESS 180 12TH ST SE  
CITY-ST-ZIP NAPLES FL

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

TITLE D ☐ Delete  
NAME MACNICOL, BRIEN  
STREET ADDRESS 180 12TH ST SE  
CITY-ST-ZIP NAPLES FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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)(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:

*Teresa MacNicol* **REQUIRED** Teresa MacNicol

3/10/2000 941-352-9225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)