

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000038036

1. Entity Name

M-G NEURO-VASCULAR ULTRASOUND SERVICES, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90027 002 ***150.00

Principal Place of Business

Mailing Address

ALYKAT MEDICAL CENTER
533 SW 8 ST.
MIAMI FL 33130

ALYKAT MEDICAL CENTER
533 SW 8 ST.
MIAMI FL 33125-4140

2. Principal Place of Business

3383 N.W. 7 St
Suite, Apt. #, etc.
107

3. Mailing Address

3383 NW. 7 St
Suite, Apt. #, etc.
107

City & State
Miami FL

City & State
Miami FL

4. FEI Number 65-0580354

Applied For
Not Applicable

Zip
33125

Country
U.S.A.

Zip
33125

Country
U.S.A.

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

MEJIA, MARLIN
12080 SW 250 ST
PRINCETON FL 33032

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 Marlin D Mejia
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-14-00

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	P	<input type="checkbox"/> Delete
NAME	MEJIA, MARLIN	
STREET ADDRESS	12080 SW 250 ST	
CITY - ST - ZIP	PRINCETON FL 33032	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GALINDO, JUAN C	
STREET ADDRESS	12080 SW 250 ST	
CITY - ST - ZIP	PRINCETON FL 33032	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Marlin D Mejia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-14-00 305 644 1717

CR2E034 (9/99)