

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000038036

1. Entity Name

M-G NEURO-VASCULAR ULTRASOUND SERVICES, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90064 001 ***150.00

Principal Place of Business

ALYKAT MEDICAL CENTER
3383 N.W. 7 STREET SUITE 107
MIAMI FL 33125

Mailing Address

ALYKAT MEDICAL CENTER
3383 N.W. 7 STREET SUITE 107
MIAMI FL 33125

2. Principal Place of Business

MG NEUROVASCULAR ULTR.
Suite, Apt. #, etc.

3383 NW 7st Ste 107/108

City & State
Miami, Fl

Zip

33125

Country

DADE

3. Mailing Address

MG NEUROVASCULAR ULTR.

Suite, Apt. #, etc.

3383 NW 7st Ste 107/108

City & State
Miami, fl

Zip

33125

Country

DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0580354

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEJIA, MARLIN
12080 SW 250 ST
PRINCETON FL 33032

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 NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE P
NAME MEJIA, MARLIN
STREET ADDRESS 12080 SW 250 ST
CITY-ST-ZIP PRINCETON FL 33032 ☐ Delete

TITLE VP
NAME GALINDO, JUAN C
STREET ADDRESS 12080 SW 250 ST
CITY-ST-ZIP PRINCETON FL 33032 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Martin Mesia President (Martin Mesia) 4-11-01 (305) 644 1717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0142363

CR2E034 (10/00)