FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Feb 19, 2001 8:00 am DOCUMENT # P95000064910 **Secretary of State** DAMADIAN MRI IN ORLANDO, P.A. 02-19-2001 90002 021 \*\*\*150.00 Principal Place of Business Mailing Address 2010 S. ORANGE AVENUE 110 MARCUS DRIVE ORLANDO FL 32806 **MELVILLE NY 11747** 921180 LIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3357390 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PTSD ☐ Addition TITLE ☐ Delete TITLE X Change Raymond V. Damadian, M.D. DAMADIAN, RAYMOND V NAME 110 Marcus Drive STREET ADDRESS 110 MARCUS DRIVE STREET ADDRESS Melville, New York 11747 CITY-ST-ZIP CITY-ST-ZIP MELVILLE NY X Delete ☐ Addition TITLE TITLE ☐ Change DAMADIAN, TIMOTHY R NAME NAME STREET ADDRESS STREET ADDRESS 110 MARCUS DRIVE CITY-ST-7IP CITY-ST-ZIP **MELVILLE NY** Detete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE Addition ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 admess, with all other like empowered.

SIGNATURE

Y WAR AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond V. Damadian, President

2/14/01

(631) <sup>694-292</sup>

Daytime Phone #