

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000086087

1. Entity Name

THE OPTIMAL OPEN MRI, INC.

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90246 050 ***150.00

Principal Place of Business

27 E HIBISCUS BLVD
MELBOURNE FL 32801
US

Mailing Address

27 E HIBISCUS BLVD
MELBOURNE FL 32801
US

00039866



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 380546

Suite, Apt. #, etc.

City & State

City & State

Birmingham, AL

4. FEI Number

59-3358596

Applied For

Not Applicable

Zip

Country

Zip

Country

35243

U.S.

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

KANCILIA, JOHN R
516 N. HARBOR CITY BLVD.
MELBOURNE FL 32935

Name

CT Corporation System

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

1200 South Pine Island Rd.

City

Plantation

FL

Zip Code

33324

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

Richard E. Botts

Richard E. Botts/Sr. Vice President 4/20/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME SHAPIRO, MARC D M.D.
STREET ADDRESS 1571 ROBERT J. CONLAN BLVD.
CITY-ST-ZIP PALM BAY FL 32905

TITLE CBD/P ☐ Change ☒ Addition
NAME Scrushy, Richard M.
STREET ADDRESS One HealthSouth Pkwy.
CITY-ST-ZIP Birmingham, AL 35243

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME VPSD
STREET ADDRESS Hail, Brandon O.
CITY-ST-ZIP One HealthSouth Pkwy.
Birmingham, AL 35243

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME VP
STREET ADDRESS Botts, Richard E.
CITY-ST-ZIP One HealthSouth Pkwy.
Birmingham, AL 35243

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME VPTD
STREET ADDRESS Owens, William T.
CITY-ST-ZIP One HealthSouth Pkwy.
Birmingham, AL 35243

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 information.

SIGNATURE:

Richard E. Botts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard E. Botts

Date

4/13/01

205-967-7116

Daytime Phone #

CR2E034 (10/00)