

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90027 047 \*\*\*150.00

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DOCUMENT # P9600001496Z

1. Entity Name

IMAGE DIAGNOSTIC, INC. ✓

Principal Place of Business

2611 N. HIATUS ROAD  
 COOPER CITY, FL 33026

Mailing Address

2611 N. HIATUS ROAD  
 COOPER CITY FL 33026

2. Principal Place of Business

4611 S. UNIVERSITY DR  
 Suite, Apt. #, etc.  
 #402

3. Mailing Address

4611 S. UNIVERSITY DR  
 Suite, Apt. #, etc.  
 #402

DO NOT WRITE IN THIS SPACE

City & State

DADE FL

City & State

DADE FL

4. FEI Number

65-0646759

Applied For

Not Applicable

Zip  
 33328

Country

Zip  
 33328

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BONNIE S MILLER, CPA  
 9050 PINES BLVD - SUITE 384  
 PEMBROKE PINES, FL 33024

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 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P/D	LEWIN, HARLEY	2611 N HIATUS RD	COOPER CITY FL 33026	<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
P/D	LEWIN, HARLEY	4611 S UNIVERSITY DR #402	DADE FL 33328	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/01

Date

Daytime Phone #

CR2E034 (9/99)