

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-12-2001 90027 047 ***150.00

DOCUMENT # **P96000014962**

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

City & State

DADE FL

City & State

DADE FL

Zip

33328

Country

Zip

33328

Country

4. FEI Number

65-0646759

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

00024004

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, 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 **P/D** ☐ Delete
 NAME **LEWIN, HARLEY**
 STREET ADDRESS **2611 N HIATUS RD**
 CITY-ST-ZIP **COOPER CITY FL 33026**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D** ☐ Change ☒ Addition
 NAME **LEWIN, HARLEY**
 STREET ADDRESS **4611 S UNIVERSITY DR #402**
 CITY-ST-ZIP **DADE FL 33328**

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

TITLE ☐ Change ☐ Addition
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 NAME
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)