

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90033 040 ***150.00

DOCUMENT #P 96000014962

1. Entity Name

IMAGE DIAGNOSTIC, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4611 S. UNIVERSITY DR

3. Mailing Address 40 BONNIE MILLER

9050 PINES BLVD

Suite, Apt. #, etc.

#402

Suite, Apt. #, etc.

384

City & State

DAVIE, FL

City & State

PEMBROKE PINES, FL

Zip

33320

Country

Zip

33024

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

7. Name and Address of Current Registered Agent

Name

BONNIE S. MILLER

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

9050 PINES BLVD. SUITE 384

City

PEMBROKE PINES FL

Zip Code

33024

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME HARLEY LEWIN
STREET ADDRESS 4611 S. UNIVERSITY DR #402
CITY-ST-ZIP DAVIE, FL 33320

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IN THIS SPACE**

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 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 #

CR2E034B (12/01)