

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000040040

1. Entity Name

~~GAINESVILLE MRI CENTER, INC.~~ GAINESVILLE OPEN MRI
(See Attached)

Principal Place of Business

Mailing Address

6101 CENTRAL AVENUE
ST. PETERSBURG FL 33710

6101 CENTRAL AVENUE
ST. PETERSBURG FL 33710

2. Principal Place of Business

4340 Newberry Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 104

City & State

City & State

Gainesville, Florida

4. FEI Number 59-3372467

Applied For

Not Applicable

Zip 32607

Country

Alachua

Zip

Country

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

BROWN, THOMAS W SR
6101 CENTRAL AVENUE
ST. PETERSBURG FL 33710

Name

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

City

FL

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)

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 NAME ☐ Delete
P BROWN, THOMAS W SR
STREET ADDRESS 6101 CENTRAL AVENUE
CITY-ST-ZIP ST. PETERSBURG FL 33710

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 06, 2001 8:00 am
Secretary of State

07-06-2001 90206 037 ***150.00



DO NOT WRITE IN THIS SPACE

0002100

CR2E034 (10/00)