## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000059948

1. Corporation Name

OPEN MRI OF NAPLES, INC.

## **FILED** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90050 019 \*\*\*150.00



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Principal Place of Business Mailing Address			<del></del>			- I SERVITER AND SHIFTE RIGHT BRITT BRATT PRATT BETT		(MO) INII INNI
9935 N TAMIAMI TRAIL 9935 N TAMIAMI TRAIL								
NAPLES FL 33963 NAPLES FL 33963					OO NOT WRITE IN THE	e enace		
						DO NOT WRITE IN THIS  3. Date Incorporated or Qualified	3 SPACE	
						1 ** 1		Į
O Delevisor D	ace of Business	2a. Mailing Address				07/16/1996 4. FEI Number		olied For
<u> </u>	ace of Business	— ·				65-0662408	<u> </u>	Applicable
Suite, Apt.	# atc	Suite, Apt. #, etc.					\$8.75 A	
22 27					_5Certificate of Status Desired	Fee Red		
City & State	9	City & State			6. Election Campaign Financing	\$5.00 +	May Be	
23 28		28				Trust Fund Contribution	Added to	Fees
Zip			Cour	ntry		8. This corporation owes the current year Ir		_
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registered	Agent	
				81	Name			
SALVATORI, LEO J				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
4501 TAMIAMI TRAIL N								
SUITE 300				83				ļ
NAP	LES FL 34103		ł	84	City		85 Zip C	ode
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11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	es, the at	bove	e-named corporation	pration submits this statement for the purpose on's board of directors. I hereby accept the appoint	if changing its i pintment as rec	registered sistered
agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliq	gations of, Section 607.0505, Flor	rida Statu	utes.		in a pound of different of the state of the		" ·· ·
SIGNATURE								
	Signature, typed or printed name of registered a			Ageni	t signature required		AID OIDECTO	DC (N. 12
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	☐ Change	Addition
TITLE	P		1.1 TIT		<b>\</b>			
NAME	GREEN, MICHAEL D		1.2 NA					
STREET ADDRESS	16 NORTH POND ROAD		1		ADDRESS			
CITY-ST-ZIP	CRESSKILL NJ	□ DELETE	1.4 CIT		1-ZIP			
TITLE			i i	ILE			[1] Change	Addition
NAME				STATE			Change	Addition
STREET ADDRESS	1			ME DEET	ADDDEDO		Change	☐ Addition
CITY-ST-ZIP	<del></del> ·	_	2.3 STI	REET	ADDRESS _		Change	L. Addition
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR