

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000060748

1. Entity Name

HIALEAH MRI, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90116 033 ***150.00

Principal Place of Business 12000 BISCAYNE BLVD 509 MIAMI FL 33181	Mailing Address 12000 BISCAYNE BLVD 509 MIAMI FL 33181-2703
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4980 W. 10th Ave. Suite, Apt. #, etc. #104 City & State Hialeah, FL	3. Mailing Address 4980 W. 10th Ave. Suite, Apt. #, etc. #104 City & State Hialeah, FL
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4. FEI Number 65-0680573	Applied For <input type="checkbox"/> Not Applicable
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Zip 33012	Country DADE - USA	Zip FL	Country DADE USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
 SHAPIRO, STEVEN R
~~12000 BISCAYNE BLVD. #705~~
~~STE 509~~
~~NORTH MIAMI FL 33181~~

7. Name and Address of New Registered Agent
 Name: STEVEN R SHAPIRO
 Street Address (P.O. Box Number is Not Acceptable): 4980 W. 10th Ave. #104
 City: Hialeah, FL Zip Code: 33012

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: *Steven Shapiro* STEVEN SHAPIRO DATE: 3/23/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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	CEO LEIGHT, PAUL 12000 BISCAYNE BLVD., STE 509 NORTH MIAMI FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHAPIRO, STEVE 12000 BISCAYNE BLVD., STE 509 NORTH MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST GREENMAN, IRVING 12000 BISCAYNE BLVD STE 509 NORTH MIAMI FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP O'BRIEN, THOMAS 12000 BISCAYNE BLVD., STE 705 NORTH MIAMI FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4980 W. 10th Ave Hialeah, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Steven Shapiro* STEVEN SHAPIRO DATE: 3/23/00 305 828-3426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)