

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000088137

1. Entity Name

MEADOWS MRI, INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90048 027 \*\*\*150.00

Principal Place of Business

3650 N FEDERAL HWY  
STE 211  
LIGHTHOUSE POINT FL 33064  
US

Mailing Address

3650 N FEDERAL HWY  
211  
LIGHTHOUSE POINT FL 33064-6649  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0706123

Applied For

Not Applicable

Zip

Country

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

HERMANSON, JERRY  
6341 NE 20TH WAY  
FT LAUDERDALE FL 33308

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	WHITEMAN, ALAN	
STREET ADDRESS	675 NW 101ST TER	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOROZNY, ALAN	
STREET ADDRESS	1400 NW 14TH AVE	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERMANSON, JERRY	
STREET ADDRESS	6341 NE 20TH WAY	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> Delete
NAME	COHEN, JEFFREY	
STREET ADDRESS	54 NE 4TH AVE	
CITY-ST-ZIP	DELRAY BCH FL 33483	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATEL, CIRVIND	
STREET ADDRESS	3812 WABEEK LAKE DR WEST	
CITY-ST-ZIP	BLOOMFIELD HILL MI 48302	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZUKER, HARRY	
STREET ADDRESS	2895 TIMBERCREEK CIR	
CITY-ST-ZIP	BOCA RATON FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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

ALAN S. WHITEMAN

Date

Daytime Phone #

1/20/00 561/391-4999

CR2E034 (9/99)