2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000040593

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL -7 PM 3:06

U0064933

1. Entity Name

SHARPER IMAGING RADIOLOGY CONSULTANTS, P. A.

Principal Place of Business
25188 Marion Av, Villa #29
Punta Gora, FL 33950

Mailing Address
25188 Marion Av, Villa #29
Punta Gorda, FL 33950

2. Principal Place of Business
3028 Caring Way
Suite, Apt. #, etc.
Unit 1
City & State
Port Charlotte, FL
Zip 33952 Country

3. Mailing Address c/o Moore & Waksler, P.L.
1625 W. Marion Av
Suite, Apt. #, etc.
Suite 2
City & State
Punta Gorda, FL
Zip 33950 Country

DO NOT WRITE IN THIS SPACE
6/20/00 900066027 $150.00

4. FEI Number 650755546 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
James E. Moore, III
1625 W. Marion Av., Suite 2
Punta Gorda, FL 33950

7. Name and Address of New Registered Agent
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 ☐ Delete	TITLE	P/T ☐ Change ☒ Addition
NAME	Jim White	NAME	
STREET ADDRESS	4493 Colleen Street	STREET ADDRESS	21481 Harborside Blvd
CITY-ST-ZIP	Port Charlotte, FL 33952	CITY-ST-ZIP	Port Charlotte, FL 33952
TITLE	D ☐ Delete	TITLE	VP/S ☐ Change ☒ Addition
NAME	Daniel Tufariello	NAME	
STREET ADDRESS	25188 Marion Av., #29	STREET ADDRESS	3028 Caring Way
CITY-ST-ZIP	Punta Gorda, FL 33950	CITY-ST-ZIP	Port Charlotte, FL 33952
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

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.

KE

SIGNATURE: _____ June 15, 2000 941-625-1420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #