2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000040593

1. Entity Name

SHARPER IMAGING RADIOLOGY CONSULTANTS, P. A.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUL -7 PM 3:06

U0064933

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

2. Principal Place of Business	3. Mailing Address
3028 Caring Way	c/o Moore & Waksler, P.L. 1625 W. Marion Av
Suite, Apt. #, etc.: Unit 1	Suite, Apt. #, etc.: Suite 2
City & State: Port Charlotte, FL	City & State: Punta Gorda, FL
Zip: 33952 Country:	Zip: 33950 Country:

DO NOT WRITE IN THIS SPACE
6/20/00 9000060027 $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	7. Name and Address of New Registered Agent
James E. Moore, III 1625 W. Marion Av., Suite 2 Punta Gorda, FL 33950	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jim White 4493 Colleen Street Port Charlotte, FL 33952 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/T 21481 Harborside Blvd Port Charlotte, FL 33952 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Daniel Tufariello 25188 Marion Av., #29 Punta Gorda, FL 33950 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/S 3028 Caring Way Port Charlotte, FL 33952 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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