2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 08:00 AM
Secretary of State

DOCUMENT # **P97000040593**

1. Entity Name
SHARPER IMAGING RADIOLOGY CONSULTANTS, P.A.

Principal Place of Business	Mailing Address
3028 CARING WAY UNIT 1 PORT CHARLOTTE FL 33952	C/O MOORE & WAKSLER P.L. 1625 W. MARION AV., SUITE 2 PUNTA GORDA FL 33950

2. Principal Place of Business	3. Mailing Address
21229 OLEAN BLVD	21229 OLEAN BLVD
Suite, Apt. #, etc.: UNIT B	Suite, Apt. #, etc.: UNIT B
City & State: PORT CHARLOTTE FL	City & State: PORT CHARLOTTE FL
Zip: 33952 Country:	Zip: 33952 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0755546** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MOORE JAMES EIII
1625 W. MARION AVENUE, STE. 2

PUNTA GORDA FL
33950 US

7. Name and Address of New Registered Agent

Name
WEATHERLY DANIEL RADMIN
Street Address (P.O. Box Number is Not Acceptable)
21229 OLEAN BLVD.

UNIT B
City
PORT CHARLOTTE **FL** Zip Code 33952

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 **DANIEL R. WEATHERLY** **04/24/2001**
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, 2001 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	VP/S	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TUFARIELLO DANIEL		NAME	
STREET ADDRESS	3028 CARING WAY		STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952		CITY-ST-ZIP	
TITLE	P/T	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WHITE JIM		NAME	
STREET ADDRESS	21481 HARBORSIDE BLVD.		STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952		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
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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 (11/00)

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: DANIEL V. TUFARIELLO VP/S 04/24/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #