

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90036 006 ***150.00

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



Principal Place of Business
21229 OLEAN BLVD
UNIT B
PORT CHARLOTTE FL 33952

Mailing Address
PO BOX 495429
PORT CHARLOTTE FL 33952

2. Principal Place of Business

2595 Harbor Blvd

3. Mailing Address

P.O. Box 495429

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

Port Charlotte

City & State

Port Charlotte

City & State

Florida

Zip

Country

33952

USA

Zip

Country

33949

USA



☒ CHECK HERE IF MAKING CHANGES

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

WEATHERLY, DANIEL R ADMIN
21229 OLEAN BLVD.
STE B
PORT CHARLOTTE FL 33952

7. Name and Address of New Registered Agent

Name

PAUL Smith, Administrator

Street Address (P.O. Box Number is Not Acceptable)

2595 HARBOR BLVD

Suite 201

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Paul R Smith**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/1/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P/T** ☐ Delete
NAME **WHITE, JIM**
STREET ADDRESS **21481 HARBORSIDE BLVD.**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **James White**
STREET ADDRESS **21481 Harborside Blvd**
CITY-ST-ZIP **Port Charlotte, FL 33952**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/03
Date

941-625-1420
Daytime Phone #

CR2E034 (10/02)