

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000042115

1. Entity Name

AGAPE MEDICAL IMAGING, INC.

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90027 017 ***150.00

Principal Place of Business

258 E COMMERCIAL BLVD
STE 2C
LAUDERDALE BY THE SEA FL 33308
US

Mailing Address

258 E COMMERCIAL BLVD
STE 2C
LAUDERDALE BY THE SEA FL 33308
US

2. Principal Place of Business

991 E Commercial Blvd

3. Mailing Address

991 E Commercial Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT Lauderdale FL

City & State

FT Lauderdale FL

Zip

33334

Country

BROWARD

Zip

33334

Country

BROWARD

4. FEI Number

65-0756405

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, JOE M III
400 SE 8TH ST
FT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name

Joyce F. Gunter

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

21378 MARINA COVE CIR #15B

City

Aventura

FL

Zip Code

33180

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, 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

TITLE DP
NAME GUNTER, JOYCE F
STREET ADDRESS 21378 MARINA COVE CIR #15B
CITY-ST-ZIP AVENTURA FL 33180

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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 any attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)