

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90021 010 ***150.00

DOCUMENT # **P97000060947**

1. Entity Name

Priority Imaging Inc.

Principal Place of Business

Mailing Address

**2501 NW 17 Lane
 Suite B**

**2501 NW 17 Lane
 Suite B**

Pompano Bch FL 33064

Pompano Bch FL 33064

2. Principal Place of Business

3. Mailing Address

2501 NW 17 Lane

2501 NW 17 Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

B

B

City & State

City & State

Pompano Bch FL

Pompano Bch

Zip

Country

Zip

Country

33064

USA

33064

USA

4. FEI Number

Applied For

65-0769668

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

**Leslie J Picone
 2501 NW 17 Lane
 Suite B
 Pompano Bch FL 33064**

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 **Leslie J Picone**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/27/00

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 **President** ☐ Delete
 NAME **Leslie Picone**
 STREET ADDRESS **2501 NW 17 Lane Suite B**
 CITY-ST-ZIP **Pompano Bch FL 33064**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
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 NAME
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 CITY-ST-ZIP

TITLE ☐ 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 an attachment with an address, with all other like empowered.

SIGNATURE: **Leslie J Picone**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

954 582-0864

Daytime Phone #

CR2E034 (9/99)