



DIVISION OF CORPORATIONS

## **DOCUMENT#** P97000077161

1. Corporation Name

COASTAL MRI, INC.

Principal Place of Business

Mailing Address

10'T

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



	DERAL HWY RDALE FL 33308		4616 N. FEDERAL HWY FT. LAUDERDALE FL 33308					
	ddresses are incorrect in any way, line t							
New Principal Office Address, If Applicable     New Ma			ing Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida			
Suite, Apt. #, etc. Suite, Apt			#, etc.		5. FELNumbe	- <del></del>	09/04/1997	
City & State City &		City & State				65-0780128 Not Applicable		
Zip	Country	Zip	Countr	У	6. CERTIFICATI	E OF STATUS DESIRED   \$8	3.75 Additional Fee required for a Certificate of Status	
7. Names a	and Street Addresses of Each Officer an	d/or Director (Flo	orida nonprofit corpora	ations must list at le	east 3 directors)			
Title(s)	tle(s) Name of Officers and/or Directors		Street Address of Eac Officer and/or Directo					
CD	ZELCH, JAMES V MD	4616 N. FEDERAL HWY			FT. LAUDERDALE FL 33308			
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					5000035213755 -01/03/0101025008 ****150.00 ****150.00			
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			_				<b>S</b>	
	8. Name and Address of Curren	t Registered Ag	ent		9. Name and A	Address of New Registered		
يون . سر د	· · · · · · · · · · · · · · · · · · ·		Name  MARK G. ZELCH  Street Address (P.O. Box Number is Not Acceptable)					
.:				Suite, Act. #, Etc	bib. N.F.	EDERAL HUY	CR2E040 (8/00)	
الربعيد "			ته وجاک			~		
	,	=		City	FLAUDE	RDALES. P	Zip Code 333085	
10. I, being	appointed the registered agent of the a	bove named corp	oration, am familiar w	ith and accept the o	obligations of Secti	ion 607.0505, F.S.		
Signature of Registered	Agent MAGE	REGISTERED AG	BENT MUST SIGN			Date	2/00	
this rein: owed by	that I am an officer or director or the rec statement application, the reason for dis the corporation have been paid and the application is true and accurate, and my	solution has beer a names of individ	n eliminated, the corpo duals listed on this for	orate name satisfies m do not qualify for	s the requirements r an exemption und	of section 607.0401 or 617.0	0401, F.S., that all fees	
SIGNAT		RINTED NAME OF	SIGNING OFFICER OR I	DIRECTOR			216 46 4 - 8484	

29/2

## SADOFF, RASKIN & ASSOCIATES, P.A.

Certified Public Accountants

INTERCONTINENTAL PROFESSIONAL CENTER
1535 NORTHPARK DRIVE - SUITE 101
WESTON, FLORIDA 33326

MEMBERS: AMERICAN INSTITUTE OF C.P.A.'S FLORIDA INSTITUTE OF C.P.A.'S Phone (954) 385-3332 Fax (954) 385-6464

December 8, 2000

Florida Department of State Divisions of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: Terre Neuve Corp.
Document # 577750

To Whom It May Concern:

We are the accountants for the above corporation. We have enclosed our application for reinstatement along with our check in the amount of \$150.00. Pursuant to our telephone conversation with your office this morning, we respectfully request the abatement of the \$600.00 penalty for reinstatement.

Please be advised that the mailing address on the original form did not have Davie, as the city the corporation is located. The corporation did not receive the original application, and as such, was unable to file timely.

Thank you in advance for your consideration in this matter. Please feel free to contact us if you have any additional questions.

Sincerely,

Sadoff, Raskin & Associates, P.A.

Fred R. Sadoff

Certified Public Accountant