

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90074 005 ***150.00

0034578 AV

DOCUMENT # P97000077711

1. Entity Name
OPEN MAGNETIC IMAGING, INC.



Principal Place of Business

**801 S UNIVERSITY DR.
 STE K103A
 PLANTATION FL 33324
 US**

Mailing Address

**801 S UNIVERSITY DR.
 STE K103A
 PLANTATION FL 33324
 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0781813**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**MARIO R. DELGADO, P.A.
 2151 S. LEJEUNE ROAD
 STE 202
 CORAL GABLES FL 33134**

Name **Mario R. Delgado, P.A.**
 Street Address (P.O. Box Number is Not Acceptable)
**2000 Ponce De Leon Blvd.
 #102**
 City **Coral Gables** FL Zip Code **33134**

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 DATE **4/30/02**

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, 2002 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 **PD** ☒ Delete
 NAME **ACOSTA, NELSON**
 STREET ADDRESS **801 S UNIVERSITY DR. STE. K103A**
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **D** ☒ Change ☐ Addition
 NAME **ACOSTA, NELSON**
 STREET ADDRESS **801 S UNIVERSITY DR. STE. K103A**
 CITY-ST-ZIP **Plantation FL 33324**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** ☐ Change ☒ Addition
 NAME **AGUILAR, JUAN CARLOS**
 STREET ADDRESS **801 S UNIVERSITY DR. STE. K103A**
 CITY-ST-ZIP **Plantation FL 33324**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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

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 prepare 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/02

954-343-4100

CR2E034 (9/01)