

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90245 009 ***150.00

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

90 OMI GROUP, INC

Suite, Apt. #, etc. #100

City & State
WESTON, FL

Zip
33326

Country
US

3. Mailing Address

90 OMI GROUP, INC

Suite, Apt. #, etc. #100

City & State
WESTON, FL

Zip
33326

Country
US

☒ **CHECK HERE IF MAKING CHANGES**

4. FEI Number **65-0781813**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MARIO R. DELGADO, P.A.
2000 PONCE DE LEON BLVD
#102
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ **Delete**
NAME **ACOSTA, NELSON**
STREET ADDRESS **801 S UNIVERSITY DR. STE. K103A**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **P** ☐ **Delete**
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 ☐ **Delete**
NAME
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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 ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **Addition**
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

4-23-03

954-888-6411

Date

Daytime Phone #

CR2E034 (10/02)