

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 08:00 AM
Secretary of State

DOCUMENT # P97000100119

1. Entity Name
UNIVERSITY MRI MANAGEMENT, INC.

Principal Place of Business 801 S. UNIVERSITY DR. STE. C-136A PLANTATION 33324 FL	Mailing Address 801 S. UNIVERSITY DR. STE. C-136A PLANTATION 33324 FL
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2. Principal Place of Business 801 S. UNIVERSITY DR.	3. Mailing Address 801 S. UNIVERSITY DR.
Suite, Apt. #, etc. STE. K103A	Suite, Apt. #, etc. STE. K103A

City & State PLANTATION FL	City & State PLANTATION FL
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Zip 33324	Country US	Zip 33324	Country US
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4. FEI Number
65-0796620

Applied For	Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DELGADO MARIO R.P.A.
2151 UJUENE RD

CORAL GABLES FL
33134

7. Name and Address of New Registered Agent

Name
MARIO R. DELGADO, P.A.
 Street Address (P.O. Box Number is Not Acceptable)
2151 S. UJUENE ROAD

STE 202
 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 **MARIO R. DELGADO** **04/24/2000**
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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ACOSTA NELSON 801 S. UNIVERSITY DR. STE. C136 PLANTATION FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ACOSTA NELSON 801 S. UNIVERSITY DR. STE. K103A PLANTATION FL 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **MARIO R. DELGADO**

DATE: **04/24/2000**