2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

SEBRING FL 33870

2821 U.S. HIGHWAY 27 NORTH

DOCUMENT # P98000032402

1. Entity Name

Principal Place of Business

SEBRING FL 33870

2821 U.S. HIGHWAY 27 NORTH

CENTRAL FLORIDA OPEN MRI, INC.



FILED Mar 12, 2003 8:00 am Secretary of State

03-12-2003 90094 048 ***150.00

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| 2. Principal Pla | ace of Business | 3. Mailing Address | | | | | I 18811881 IIQ IDIQL IQIII BBIIS BBISI BBILI ABIS | 9 \$1419 11611 B1911 BA1 | | |
| Suite, Apt. #, etc. | | Suite, Apt. #; etc. | | | | | ☐ CHECK HERE IF MAKING CHANGES | | | |
| City & State | | City & State | | | | 4. F | 4. FEI Number 65-0828057 Applied For Not Applicable | | | |
| Zip | Country | | Zip | | Country | | Certificate of Status Desired S8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent | | | | · | 7. Name and Address of New Registered Agent | | | | | |
| | o. Jenne Bird Magistal of Sartion | | | 1 | Name | | | | - 1 | |
| OLINEDOO EADIO | | | | | <u> </u> | | | | | |
| OLIVEROS, FABIO | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 130 MEDICAL CENTER AVENUE | | | | | | | | | | |
| SEBRING FL 33870 | | | | | | | | | | |
| | | | | Ī | City Zip Code | | | | | |
| <u> </u> | | | | | stered office or registered agent, or both, in the State of Florida. I am familiar with, and accept | | | | | |
| 8. The above | named entity submits this statement f | or the purp | ose of changing its | registere | a office or regi | stered age | ent, or both, in the State of Florida. Tan | riginina with a | and dooops | |
| the obligati | ons of registered agent. | | | | | | | • • | | |
| CICNIATURE | | | | | | | | | | |
| SIGNATURE . | Signature, typed or printed name of registered agen | t and title if app | licable. (NOTE | E: Registered | d Agent signature req | uired when re | instating) DATE | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | | | _ | | Election Campaign Financing Trust Fund Contribution. | | May Be to Fees | |
| Make Check | Payable to Florida Department | or State | | | | | L DITIONS/CHANGES TO OFFICERS AN | UD DIDECTORS | IN 11 | |
| 10. | OFFICERS AND | DIRECTO | RS | 11. | | AD | DITIONS/CHANGES TO OFFICERS AT | | | |
| TITLE . | P | | ☐ Delete | TITLE | | | | ☐ Change | ☐ Addition | |
| NAME | OLIVEROS, FABIO | | | NAME | | | • | | | |
| STREET ADDRESS | 130 MEDICAL CENTER AVE | | | | ET ADDRESS | | | | | |
| CITY-ST-ZIP | SEBRING FL 33870 | | | CITY- | -ST-ZIP | | | | | |
| TITLE | ST | | ☐ Delete | TITLE | | | | ☐ Change | Addition | |
| NAME | PAHK, KYE | | | NAM | l l | | | | | |
| STREET ADDRESS | 6801 US 27 N., STE C-2 | | | STRE | ET ADDRESS | | | | | |
| CITY-ST-ZIP | SEBRING FL 33870 | | <u> </u> | CITY | -ST-ZIP | <u> </u> | de la composition de la compo | | | |
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| NAME | Ì | | | NAM | IE | | | | | |
| STREET ADDRESS | | | | STRE | ET ADDRESS | | | | | |
| CITY-ST-ZIP | 1 | | | CITY | -ST-ZIP | | | | | |
| TITLE | | | ☐ Delete | TITLI | E | | | ☐ Change | ☐ Addition | |
| NAME | | | _ 50,000 | NAM | | | | | | |
| STREET ADDRESS | | | | STRE | EET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | CITY | '-ST-ZIP | | | | | |
| 12 hereby | certify that the information supplied w | ith this filing | does not qualify fo | or the exe | emption stated | in Section | 119.07(3)(i), Florida Statutes. I further | certify that the ir | nformation | |
| · · · · · · · · · · · · · · · · · · · | | | | | مبيمط المطم مسية | the come | Jacob effect as if made under nath: that | am an omcer | ondirector | |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/03 863

Daytime Phone #