

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000063256

1. Entity Name

NEURO IMAGING INSTITUTE II, INC.

Principal Place of Business

Mailing Address

27 EAST HIBISCUS BLVD.  
MELBOURNE FL 32901

27 EAST HIBISCUS BLVD.  
MELBOURNE FL 32901

2. Principal Place of Business

3. Mailing Address

P.O. Box 380546

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Birmingham, AL

Zip

Country

Zip

Country

35238

US

4. FEI Number

59-3526582

Applied For

Not Applicable

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

KANCILLA, JOHN R ESQ.  
1686 WEST HIBISCUS BLVD.  
MELBOURNE FL 32901

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City

Plantation

FL

Zip Code  
33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*Dale H. Morris*

DALE W. MORRIS  
ASSISTANT VICE PRESIDENT

May 16, 2001

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, 2001 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          | P                  | <input checked="" type="checkbox"/> Delete |
| NAME           | SHAPIRO, MARC D MD |  |
| STREET ADDRESS | 609 ATLANTIC ST.   |  |
| CITY-ST-ZIP    | MELBOURNE FL 32951 |  |
| TITLE          |                    | <input type="checkbox"/> Delete            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |
| TITLE          |                    | <input type="checkbox"/> Delete            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |
| TITLE          |                    | <input type="checkbox"/> Delete            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |
| TITLE          |                    | <input type="checkbox"/> Delete            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |
| TITLE          |                    | <input type="checkbox"/> Delete            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | C/D/P                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Scrushy, Richard M.   |  |
| STREET ADDRESS | One HEalthSouth Pkwy. |  |
| CITY-ST-ZIP    | Birmingham, AL 35243  |  |
| TITLE          | V/S/D                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Hale, Brandon O.      |  |
| STREET ADDRESS | One HEalthSouth Pkwy. |  |
| CITY-ST-ZIP    | Birmingham, AL 35243  |  |
| TITLE          | V                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Botts, Richard E.     |  |
| STREET ADDRESS | One HEalthSouth Pkwy. |  |
| CITY-ST-ZIP    | Birmingham, AL 35243  |  |
| TITLE          | V/T/D                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | Owens, William T.     |  |
| STREET ADDRESS | One HEalthSouth Pkwy. |  |
| CITY-ST-ZIP    | Birmingham, AL 35243  |  |
| TITLE          | V                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Thomson, Robert E.    |  |
| STREET ADDRESS | One HEalthSouth Pkwy. |  |
| CITY-ST-ZIP    | Birmingham, AL 35243  |  |
| TITLE          | V                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Horton, William W.    |  |
| STREET ADDRESS | One HEalthSouth Pkwy. |  |
| CITY-ST-ZIP    | Birmingham, AL 35243  |  |

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 changes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard E. Botts

4/20/01

Date

205-967-7116

Daytime Phone #

FILED  
Jun 02, 2001 8:00 am  
Secretary of State

04-27-2001 90267 039 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)