

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0013304 AV

**DOCUMENT # P98000074636**

1. Entity Name  
**DYNAMIC IMAGING MRI CENTER, INC.**



FILED

03 SEP -9 PM 2:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

Principal Place of Business  
**818 E. COLONIAL DR.  
ORLANDO FL 32806**

Mailing Address  
**818 E. COLONIAL DR.  
ORLANDO FL 32806**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**1730 S. Federal Hwy.**  
Suite, Apt. #, etc.

City & State  
**Orlando Beach Fla.**

City & State  
**Orlando Beach Fla.**

Zip  
**32803**

Country  
**USA**

4. FEI Number **59-3565617**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**EFFENSON, LEE D  
818 E COLONIAL DR.  
ORLANDO FL 32803**

7. Name and Address of New Registered Agent

Name **Alex Couch**

Street Address (P.O. Box Number is Not Acceptable)  
**1730 S Federal Hwy**

City **Orlando** State **FL** Zip Code **32803**

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]* DATE **9/8/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>EFFENSON, LEE D</b>	
STREET ADDRESS	<b>818 E. COLONIAL DR.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32806</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>EFFENSON, KATHLEEN</b>	
STREET ADDRESS	<b>818 E COLONIAL DR</b>	
CITY-ST-ZIP	<b>ORLANDO FL-32803</b>	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>300022881703</b>	
CITY-ST-ZIP	<b>09/09/03--01040--018 **400.00</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]* DATE: **9/8/03** DAYTIME PHONE #: **81-2899586**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)