

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90027 028 ***150.00

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DOCUMENT # P98000076684

1. Entity Name
SOUTHERN OPEN MRI, INC.

Principal Place of Business

**6201 CHARLES RD
 LAKE CITY FL 32055
 US**

Mailing Address

**RR 13 BOX 607
 LAKE CITY FL 32055
 US**

2. Principal Place of Business

3. Mailing Address

6201 Charles Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lake City, FL.

Zip

Country

Zip

Country

32055

USA

4. FEI Number

59-3529628

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DE LA UZ SAMI, LUCIA
 RT 19 BOX 872
 LAKE CITY FL 32025**

Name

Delauz-Sami, Lucia

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

RR 13 Box 314

City

Lake City

FL

Zip Code

32055

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SAMI, ROUBEN	
STREET ADDRESS	2455 CAROLTON RD	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	VTSD	<input type="checkbox"/> Delete
NAME	DE LA UZ, LUCIA	
STREET ADDRESS	RR 19 BOX 872	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE	CM	<input type="checkbox"/> Delete
NAME	DE LA UZ, LUCIA	
STREET ADDRESS	RR 19 BOX 872	
CITY-ST-ZIP	LAKE CITY FL 32025	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VTSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELAUZ-Sami, Lucia	
STREET ADDRESS	RR 13 Box 314	
CITY-ST-ZIP	Lake City, FL 32055	
TITLE	CM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELAUZ-Sami, Lucia	
STREET ADDRESS	RR 13 Box 314	
CITY-ST-ZIP	LAKE CITY, FL 32055	
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		

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:

Lucia M. Delauz-Sami 2/4/02 386.755-4788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)