

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

0358945 AV

04-25-2003 90245 005 ***150.00

DOCUMENT # P98000087714

1. Entity Name
BOCA MRI MANAGEMENT, INC.



Principal Place of Business
**801 S. UNIVERSITY DRIVE
SUITE K103A
PLANTATION FL 33324
US**

Mailing Address
**801 S. UNIVERSITY DRIVE
SUITE K103A
PLANTATION FL 33324
US**



2. Principal Place of Business

90 OMI GROUP, INC
Suite, Apt. #, etc. **#100**

2200 N. COMMERCE PKWY
City & State **WESTON, FL**

Zip **33326** Country **US**

3. Mailing Address

90 OMI GROUP, INC
Suite, Apt. #, etc. **#100**

2200 N. COMMERCE PKWY
City & State **WESTON, FL**

Zip **33326** Country **US**



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0873376**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARIO R. DELGADO, P.A.
2000 PONCE DE LEON BLVD
SUITE 102
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **PSTD** ☐ Delete
NAME **ACOSTA, NELSON**
STREET ADDRESS **801 S. UNIVERSITY DRIVE SUITE K103A**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 REQUIRED

4-23-03

954-888-6411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)