

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000005723

1. Entity Name
ALL-STATE MRI CENTERS, INC.

FILED
Aug 24, 2000 8:00 am
Secretary of State

08-24-2000 90026 032 ***550.00

Principal Place of Business

Mailing Address

~~5270 LINTON BOULEVARD~~
~~DELRAY BEACH FL 33484~~

~~5270 LINTON BOULEVARD~~
~~DELRAY BEACH FL 33484~~

AVU14433



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14838 S Military Tr

Suite, Apt. #, etc.
Delray Beach, FL

City & State

3. Mailing Address

14838 S. Military Tr

Suite, Apt. #, etc.
Delray Beach, FL

City & State

4. FEI Number

65-0889407

Applied For

Not Applicable

Zip

33484

Country

USA

Zip

33484

Country

USA

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

STANGER, JEFFREY L

~~5270 LINTON BOULEVARD~~
~~DELRAY BEACH FL 33484~~

Name

SAME

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

14838 S Military Tr

Delray Beach, FL 33484

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/17/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
STANGER, JEFFREY L
14838 S. MILITARY TRAIL
DELRAY BEACH FL 33484 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
LINDEN, MARC
5270 LINTON BLVD
DELRAY BEACH FL 33484 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/00 (561) 4984300

Date

Daytime Phone #