

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2000 08:00 AM**
Secretary of State**DOCUMENT # P99000020855**

1. Entity Name

THE OMI GROUP, INC.

Principal Place of Business

Mailing Address

% OPEN MAGNETIC IMAGING OF PLANTATION LIMI
801 SOUTH UNIVERSITY DRIVE SUITE C-136A
PLANTATION FL 33324% OPEN MAGNETIC IMAGING OF PLANTATION LIMI
801 SOUTH UNIVERSITY DRIVE SUITE C-136A
PLANTATION FL 33324

2. Principal Place of Business

% OPEN MAGNETIC IMAGING OF PLANTATION LIMI

3. Mailing Address

% OPEN MAGNETIC IMAGING OF PLANTATION LIMI

Suite, Apt. #, etc.

801 SOUTH UNIVERSITY DR., STE K103A

Suite, Apt. #, etc.

801 SOUTH UNIVERSITY DR., STE K103A

City & State

PLANTATION FL

City & State

PLANTATION FL

Zip
33324Country
USZip
33324Country
US

4. FEI Number

65-0901947

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE**CORAL GABLES**
33134

FL

US

7. Name and Address of New Registered Agent

Name

MARIO R. DELGADO, P.A.

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

2151 S. LEJEUNE ROAD**STE 202**

City

CORAL GABLES

FL

Zip Code
33134

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 **MARIO R. DELGADO**

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

(NOTE: Registered Agent signature required when reinstating)

04/25/2000

DATE

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PSTD ☐ Delete
NAME ACOSTA NELSON
STREET ADDRESS 801 SOUTH UNIVERSITY DR SUITE C-136A
CITY-ST-ZIP PLANTATION FL 33324TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☒ Change ☐ Addition
NAME ACOSTA NELSON
STREET ADDRESS 801 SOUTH UNIVERSITY DR., STE K103A
CITY-ST-ZIP PLANTATION FL 33324TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: NELSON ACOSTA

PSTD: 04/25/2000