

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

0012891 AT

DOCUMENT # **P99000022907**

1. Entity Name
MERCURY MEDICAL DIAGNOSTIC SERVICES, INC.

04-07-2002 90048 048 ***150.00

Principal Place of Business
11300 49TH STREET NORTH
CLEARWATER FL 33762

Mailing Address
11300 49TH STREET NORTH
CLEARWATER FL 33762

620091



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 59-3562011 | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | |
|--|--|--|--|--|--|-----------|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| TANGALAKIS, STANLEY G 11300 49TH STREET NORTH CLEARWATER FL 33762 | | | | Name | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | <i>Same</i> | | | |
| | | | | City | | FL | |

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 *Stanley G. Tangalakis* (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. (See criteria on back) <input type="checkbox"/> | 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. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS | | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|----------------------------|--|--|--|---|--|---|--|
| TITLE NAME | D TANGALAKIS, STANLEY T | <input type="checkbox"/> Delete | | TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | 2862 SHADY OAK COURT | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | CLEARWATER FL 34621 | | | CITY-ST-ZIP | | | |
| TITLE NAME | D TANGALAKIS, NANCY K | <input type="checkbox"/> Delete | | TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | 2862 SHADY OAK COURT | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | CLEARWATER FL 34621 | | | CITY-ST-ZIP | | | |
| TITLE NAME | D VICTORIO, EVA | <input checked="" type="checkbox"/> Delete | | TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | 1170 DIXON CT | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | DUNEDIN FL 34698 | | | CITY-ST-ZIP | | | |
| TITLE NAME | | <input type="checkbox"/> Delete | | TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE NAME | | <input type="checkbox"/> Delete | | TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE NAME | | <input type="checkbox"/> Delete | | TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 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: *Stanley G. Tangalakis* **Stanley G. Tangalakis, President** (727) 573-0088
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **3/21/02**

CR2E034 (9/01)