

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/1/

DOCUMENT # P99000024031

1. Entity Name

OPEN MRI OF MANATEE, INC.

**FILED**  
**Jul 06, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90020 007 \*\*\*150.00

Principal Place of Business

702 MANATEE AVENUE WEST  
BRADENTON FL 34205

Mailing Address

702 MANATEE AVENUE WEST  
BRADENTON FL 34205-8663

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0917760

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRISON, HENDRICKSON, DOUGLASS & KIRKLAND  
1208 MANATEE AVENUE WEST  
BRADENTON FL 34205

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.

SIGNATURE

Signature, typed or printed name of registered agent and (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. (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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	Angus W. Graham, Jr., M.D. <input type="checkbox"/> Delete
NAME	8012 1st Ave. W. President
STREET ADDRESS	Bradenton, FL 34209
CITY-STATE-ZIP	
TITLE	Robert A. Strang, CPA <input type="checkbox"/> Delete
NAME	103 West Marion Ave. Secretary
STREET ADDRESS	Suite 121
CITY-STATE-ZIP	Punta Gorda, FL 33950
TITLE	Carl Callahan <input type="checkbox"/> Delete
NAME	203 24th St. W. 1st Vice President
STREET ADDRESS	Bradenton, FL 34205
CITY-STATE-ZIP	
TITLE	Scott Tibbetts <input type="checkbox"/> Delete
NAME	2305 9th St. W. 2nd Vice President
STREET ADDRESS	Bradenton, FL 34205
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-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 a) other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-2000

Date

741 747-3034

Daytime Phone #

CR2E034 (9/99)