

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90216 009 ***150.00

DOCUMENT # P99000024031

1. Entity Name

OPEN MRI OF MANATEE, INC.

Principal Place of Business

702 MANATEE AVENUE WEST
BRADENTON FL 34205

Mailing Address

702 MANATEE AVENUE WEST
BRADENTON FL 34205

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

HARRISON, HENDRICKSON, DOUGLASS & KIRKLAND
1206 MANATEE AVENUE WEST
BRADENTON FL 34205

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 title 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME GRAHAM, JR, ANGUS W
STREET ADDRESS 8012 1ST AVE W
CITY-ST-ZIP BRADENTON FL 34209

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST
NAME STRANG, ROBERT A CPA
STREET ADDRESS 103 W MARION AVE, STE 121
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME CALLAHAN, CARL
STREET ADDRESS 203 24TH ST W
CITY-ST-ZIP BRADENTON FL 34205

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME TIBBETTS, SCOTT
STREET ADDRESS 2305 9TH STREET W
CITY-ST-ZIP BRADENTON FL 34205

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)