

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90001 027 ***550.00

DOCUMENT # P99000027672

1. Entity Name

NATIONAL MUSCULOSKELETAL IMAGING, INC.

Principal Place of Business

**13798 NW 4 STREET
 SUITE 305
 FORT LAUDERDALE FL 33325**

Mailing Address

**13798 NW 4 STREET
 SUITE 305
 FORT LAUDERDALE FL 33325**

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

65-0906162

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

7. Name and Address of New Registered Agent

**FELSBURG, GARY M.D.
 13798 NW 4 STREET
 SUITE 305
 FORT LAUDERDALE FL 33325**

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 \$550.00
 After September 12, 2001 Fee 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 **F** ☐ Delete
 NAME **FELSBURG, GARY MD**
 STREET ADDRESS **13798 NW 4 STREET SUITE 305**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33325**

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

TITLE **H** ☐ Delete
 NAME **HOFFMAN, CARY MD**
 STREET ADDRESS **13798 NW 4 STREET SUITE 305**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33325**

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

TITLE **Z** ☐ Delete
 NAME **ZLATKIN, MICHAEL MD**
 STREET ADDRESS **13798 NW 4 STREET SUITE 305**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33325**

TITLE **ZLATKIN, MICHAEL MD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

TITLE ☐ 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 a power of attorney.

SIGNATURE:

GARY J. FELSBURG
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-17-01 9548461117

CR2E034 (5/01)

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