

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90033 004 ***150.00

DOCUMENT # P990000035525

1. Entity Name

Emerald Coast Bone Densitometry, Inc.

DO NOT WRITE IN THIS SPACE

80058597

2. Principal Place of Business

3. Mailing Address

417 B. Racetrack Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Fort Walton Beach, FL

Zip

Country

Zip

Country

32547

U.S.

4. FEI Number

59-3570768

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Kevin M. Helmich, Esq.

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

4481 Legendary Drive, Suite 200

City

Destin

FL

Zip Code
32540

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Michelle E. Glenn
417 B. Racetrack Road
Fort Walton Beach, FL 32547

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary/Treasurer
Michelle E. Glenn
417 B. Racetrack Road
Fort Walton Beach, FL 32547

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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IN THIS SPACE**

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 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 #

Michelle Glenn 3-26-02 864-2663

CR2E034B (12/01)