

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90119 012 ***158.75

DOCUMENT # **P99000064842**

1. Entity Name

Partners in Imaging, Inc.

Principal Place of Business

Mailing Address

**7867 N. KENDALL DRIVE
 Suite 120
 MIAMI, FL 33156**

**6423 NW 82 AVE
 PARKLAND, FL
 33067**

2. Principal Place of Business

3. Mailing Address

Suite Apt # etc.

Suite Apt # etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FE Number

Applied for

Not Applicable

65-0989652

Zip

Country

Zip

Country

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

**Hellman, MAYNARD J.
 150 S. Pine Island ROAD # 500
 Plantation, FL 33324**

Name **RAMON BARDALES**

Street Address (P.O. Box Numbers Not Acceptable)

6423 NW 82 AVE

City **PARKLAND**

FL

Zip Code **33067**

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

RAMON BARDALES / President CEO

[Signature]

4/24/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEO/Asst.** Delete
 NAME **RAMON BARDALES**
 STREET ADDRESS **6423 NW 82 AVE**
 CITY-ST-ZIP **PARKLAND, FL 33067**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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)(a), 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]* **RAMON BARDALES** **04/24/00** **(954) 755-5386**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day Phone Number

CR2E034 (9/99)