

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000066005

1. Entity Name

MRI SCAN CENTER, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90216 003 ***150.00

Principal Place of Business

Mailing Address

441 N.E. 4TH AVENUE
FORT LAUDERDALE FL 33301

441 N.E. 4TH AVENUE
FORT LAUDERDALE FL 33301-3220

2. Principal Place of Business

3122 E. Commercial Blvd

3. Mailing Address

3122 E. Commercial Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale FL

Zip

Country

33308

USA

Zip

Country

33308

USA

4. FEI Number

65 0939574

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

KAGAN, ROBERT M.D.
3055 HAROBR DRIVE APARTMENT 2101
FORT LAUDERDALE FL 33316

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **KAGAN, ROBERT M.D.**
STREET ADDRESS **3055 HARBOR DRIVE APARTMENT 2101**
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

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

TITLE ☐ Delete
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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: *Robert M. Kagan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.25.00
Date

9547728000
Daytime Phone #

CR2E034 (9/99)