

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067414

1. Entity Name

NEUROIMAGING RESEARCH, INC.

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90265 002 \*\*\*150.00

Principal Place of Business

Mailing Address

10504 WOODSTOCK ROAD  
ODESSA FL 33556

10504 WOODSTOCK ROAD  
ODESSA FL 33556-5017

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

59-3590528

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

LITTLE, MICHAEL G  
911 CHESTNUT STREET  
CLEARWATER FL 33756

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	SHAREHOLDER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	EDIE DOPKING
STREET ADDRESS		STREET ADDRESS	10504 WOODSTOCK RD
CITY-ST-ZIP		CITY-ST-ZIP	ODESSA FL 33556
TITLE	<input type="checkbox"/> Delete	TITLE	SHAREHOLDER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	KAREN GOSCHE
STREET ADDRESS		STREET ADDRESS	29219 VARNOW DR
CITY-ST-ZIP		CITY-ST-ZIP	WESLEY CHAPEL FL 33543-6551
TITLE	<input type="checkbox"/> Delete	TITLE	SHAREHOLDER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	DAVID MORGAN
STREET ADDRESS		STREET ADDRESS	13901 BRUCE B. DOWNS BLVD, MDC9
CITY-ST-ZIP		CITY-ST-ZIP	TAMPA FL 33613-4799
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

*Edie Dopking*  
EDIE DOPKING  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-00

Date

813-920-8839

Daytime Phone #

CR2E034 (9/99)