

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077516

1. Entity Name

WELLNESS ASSOCIATES OPEN MRI, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90061 044 ***150.00

Principal Place of Business

Mailing Address

10026 NW 46TH STREET
SUNRISE FL 33351

10026 NW 46TH STREET
SUNRISE FL 33462-1303

2. Principal Place of Business

5917 S. Congress Ave

3. Mailing Address

5917 S. Congress Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ATLANTIS, FL

City & State
ATLANTIS, FL

4. FEI Number

65-0950968

Applied For

Not Applicable

Zip
33462

Country
USA

Zip
33462

Country
USA

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

LOPEZ, AMADO
11420 N.W. 30TH PL
SUNRISE FL 33351

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President
Amado E. Lopez
11420 NW 30 PL
SUNRISE, FL 33323 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/13/00 561-966-3393

CR2E034 (9/99)