2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P99000096303**

Apr 13, 2000 8:00 am Secretary of State

1. Entity Name ULTRA OPEN MRI CORPORATION 04-13-2000 90018 049 ***158.75 Principal Place of Business Mailing Address -6701-38TH-AVE-N 6701 38TH AVE N SHITE 3 SHITE 3 ST PETERSBURG FL 33710-1538-ST PETERSBURG FL 33710 2. Principal Place of Business 3. Mailing Address 6449 38th Avenue 9191 Towne Centre Drive DO NOT WRITE IN THIS SPACE Suite E-3 4. FEI Number Applied For 59- 3605*9*67 CANot Applicable 33710 \$8.75 Additional M 5. Certificate of Status Desired ÚSA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCCOSKRIE, JOHN Street Address (P.O. Box Number is Not Acceptable) 6701-38TH AVE N SUITE 3 ST PETERSBURG FL 33710 Zip Code 33710 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, OFFICERS AND DIRECTORS 12. Mesiden TITLE **X** Addition ☐ Delete TITI F Hulsebus NAME M. Lee NAME Centre Drive STREET ADDRESS TOWAG STREET ADDRESS San Diego CITY-ST-ZIP CITY-ST-ZIP Change **Addition** ☐ Delete TITLE TITLE John H. Mccosknie NAME 6449 38th Ave N. Ste. E-3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Defete

☐ Change

☐ Addition