

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90029 004 \*\*\*150.00

**DOCUMENT # P99000096303**

**1. Entity Name**  
**ULTRA OPEN MRI CORPORATION**

**Principal Place of Business**

**6449 38TH AVENUE N**  
**STE E-3**  
**ST PETERSBURG FL 33710**

**Mailing Address**

~~6449 38TH AVENUE N~~  
~~STE E-3~~  
~~ST PETERSBURG FL 33710~~

**2. Principal Place of Business**

Suite, Apt. #, etc.

**3. Mailing Address**

**P.O. Box 1186**

Suite, Apt. #, etc.

**City & State**

**Zip**

**Country**

**City & State**

**Tampa FL**

**Zip**

**Country**

**4. FEI Number**

**59-3605967**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



**6. Name and Address of Current Registered Agent**

**MCCOSKRIE, JOHN**  
**6449 38TH AVENUE NORTH**  
**STE E-3**  
**ST PETERSBURG FL 33710**

**7. Name and Address of New Registered Agent**

**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, 2002 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** ☐ Delete  
**NAME** ~~P~~  
**STREET ADDRESS** ~~MULSEBUS, M. LEE~~  
**CITY-ST-ZIP** ~~0191 TOWNE CENTRE DRIVE~~  
~~SAN DIEGO CA 92122~~

**TITLE** ☐ Delete  
**NAME** ~~VP~~  
**STREET ADDRESS** ~~MCCOSKIE, JOHN H~~  
**CITY-ST-ZIP** ~~6449 38TH AVE N STE E-3~~  
~~SAINT PETERSBURG FL 33710~~

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Change ☐ Addition  
**NAME** **Director**  
**STREET ADDRESS** **Frederick J. Bergmann**  
**CITY-ST-ZIP** **2137 Martin Luther King Blvd. W.**  
**Tampa FL 33607**

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

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

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

**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)(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

**John H. McCaskrie**

**2-27-02**

Date

**(727) 347-5647**

Daytime Phone #

CR2E034 (9/01)