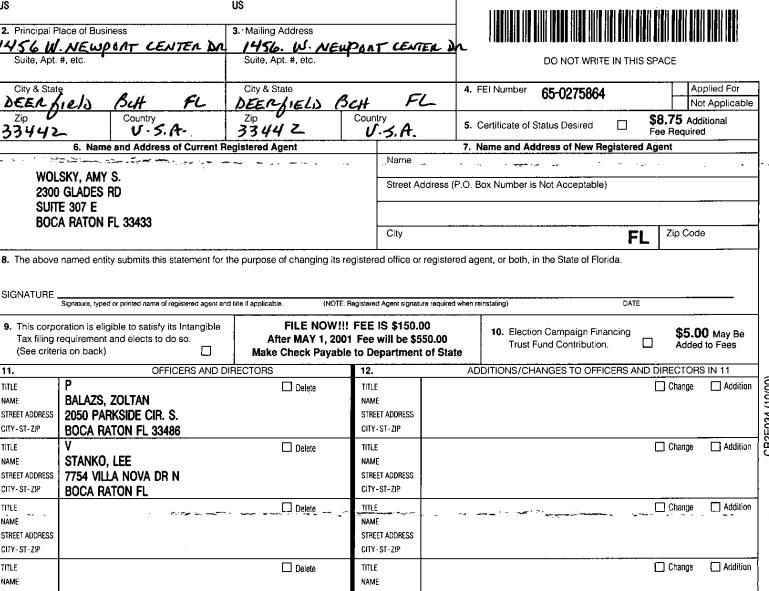
,2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # S67332** 1. Entity Name SURGICAL IMAGE LABORATORIES, INC. Principal Place of Business Mailing Address 1239 E NEWPORT CENTER DR 1239 E NEWPORT CENTER DR #117 #117 DEERFIELD BEACH FL 33442 **DEERFIELD BEACH FL 33442** 2. Principal Place of Business 3. Mailing Address 456 W. NEWPORT CENTER DR 1456. W. NEWPORT CENTER Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State DEERGIELD DEER <u>fil</u> 6. Name and Address of Current Registered Agent Name

FILED Feb 01, 2001 8:00 am Secretary of State

02-01-2001 90179 045 ***150.00



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.

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

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12.

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CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

WOLSKY, AMY S.

2300 GLADES RD SUITE 307 E

SIGNATURE

11.

TITLE

NAME

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STREET ADDRESS

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BOCA RATON FL 33433

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

BALAZS, ZOLTAN

STANKO, LEE

BOCA RATON FL

2050 PARKSIDE CIR. S.

BOCA RATON FL 33486

7754 VILLA NOVA DR N

(See criteria on back)

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

E OF SIGNING OFFICER OR DIRECTOR

01/08/2001

☐ Change

☐ Change

☐ Addition

☐ Addition