

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S76975

1. Entity Name

BISCAYNE MEDICAL IMAGING MANAGEMENT, INC.

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

03-03-2000 90038 039 ***150.00

Principal Place of Business

21110 BISCAYNE BLVD
AVENTURA FL 33180
US

Mailing Address

21110 BISCAYNE BLVD
AVENTURA FL 33180-1227
US

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 11-3084020

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

UNITED CORPORATE SERVICES INC.
9200 SOUTH DADELAND BLVD.
SUITE 508
MIAMI FL 33156

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	MILLER, ROBERT J.	
STREET ADDRESS	132 DEERPATH RD	
CITY-ST-ZIP	ROSLYN HEIGHTS NY 11577	
TITLE	DVPS	<input type="checkbox"/> Delete
NAME	QUIGLEY, ROBERT J.	
STREET ADDRESS	10 ABBOT RD	
CITY-ST-ZIP	SMITHTOWN-NY- 11787	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	HAMPTON, ROGER N.	
STREET ADDRESS	6651 NW 25 TERR	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, WILLIAM	
STREET ADDRESS	20080 BOCA WEST DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 17 2000

Date

631-724-6796

Daytime Phone #

CR2E034 (9/99)