

2001 UNIFORM BUSINESS REPORT (UBR)

0057141 AV

DOCUMENT # **S76976**

1. Entity Name

BISCAYNE MEDICAL IMAGING MANAGEMENT, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 26 PM 5:08

Principal Place of Business

**21110 BISCAYNE BLVD
AVENTURA FL 33180
US**

Mailing Address

**21110 BISCAYNE BLVD
AVENTURA FL 33180
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 33156-0000

Name

Robert Miller

Street Address (P.O. Box Number is Not Acceptable)

3000 Holiday Dr.

City

Fort Lauderdale

FL

Zip Code

33316

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

Robert J. Miller

12/18/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 ☐ Delete
NAME **DP**
STREET ADDRESS **MILLER, ROBERT J.**
CITY-ST-ZIP **132 DEERPATH RD
ROSLYN HEIGHTS NY 11577**

TITLE ☐ Change ☐ Addition
NAME **000004765500--6**
STREET ADDRESS **-01/10/02--01078--010**
CITY-ST-ZIP *******550.00 *****550.00**

TITLE ☐ Delete
NAME **DVPS**
STREET ADDRESS **QUIGLEY, ROBERT J.**
CITY-ST-ZIP **10 ABBOT RD
SMITHTOWN NY 11787**

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

TITLE ☒ Delete
NAME **DVT**
STREET ADDRESS **HAMPTON, ROGER N.**
CITY-ST-ZIP **6651 NW 25 TERR
BOCA RATON FL 33496**

TITLE ☐ Change ☐ Addition
NAME **000004765500--6**
STREET ADDRESS **-01/10/02--01078--011**
CITY-ST-ZIP *******200.00 *****200.00**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **MILLER, WILLIAM**
CITY-ST-ZIP **20080 BOCA WEST DR
BOCA RATON FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

Robert J. Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/14/01

Date

954-458-0008

Daytime Phone #

CR2E034 (5/01)