

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2002 8:00 am
Secretary of State

09-19-2002 90154 009 ***550.00

DOCUMENT # S76975

1. Entity Name

BISCAYNE MEDICAL IMAGING MANAGEMENT, INC.

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

MILLER, ROBERT
3000 HOLIDAY DR
#301
FORT LAUDERDALE FL 33316-0000

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
DP	MILLER, ROBERT J	132 DEERPATH RD	ROSLYN HEIGHTS NY 11577	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DVPS	QUIGLEY, ROBERT J	10 ABBOT RD	SMITHTOWN NY 11787	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P

970-02

631-724-6796

Date

Daytime Phone #

CR2E034 (4/02)