

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90086 018 \*\*\*150.00

**DOCUMENT # 600442**  
 1. Entity Name  
**FLORIDA RADIOLOGY ASSOCIATES, P.A.**

Principal Place of Business FLORIDA RADIOLOGY ASSOCIATES 631 PALM SPRINGS DRIVE #111 ALTAMONTE SPRINGS FL 32701 US	Mailing Address FLORIDA RADIOLOGY ASSOCIATES PO BOX 150505 ALTAMONTE SPRINGS FL 32715-0505. US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

  
 DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-1219914</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**MAY, CHARLES M**  
**631 PALM SPRINGS DRIVE**  
**SUITE 111**  
**ALTAMONTE SPRINGS FL 32701**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

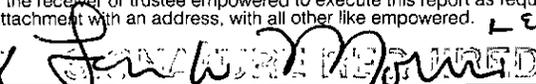
**11. OFFICERS AND DIRECTORS**

TITLE	<input type="checkbox"/> Delete
NAME	<b>MORRIS, LEN W</b>
STREET ADDRESS	<b>1403 DOILIVE DRIVE</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>P BALL, JAMES B. JR.</b>
STREET ADDRESS	<b>208 WILDCREEK CT</b>
CITY-ST-ZIP	<b>LONGWOOD FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>VP FRANCIS, FERNANDEZ J</b>
STREET ADDRESS	<b>1713 BRIDGEWATER DR.</b>
CITY-ST-ZIP	<b>HEATHROW FL 32746</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>S RIPPE, DAVID J</b>
STREET ADDRESS	<b>2120 LANGLEY CIRCLE</b>
CITY-ST-ZIP	<b>ORLANDO FL 32835</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

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 all other like empowered. **LEN W. MORRIS**

**SIGNATURE:**  **1/5/00** **407/767-0433**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)