

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 05, 2000 8:00 am**  
**Secretary of State**

09-05-2000 90040 004 \*\*\*550.00

**DOCUMENT # 600695**

1. Entity Name  
**MEDICAL CENTER RADIOLOGY GROUP OF DRs. CURRY, HA** ✓

Principal Place of Business 20 WEST KALEY STREET ORLANDO FLA 32806	Mailing Address 20 WEST KALEY STREET ORLANDO FLA 32806
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-1225842</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 <b>RIVERO, HEDRICK J M 20 WEST KALEY STREET ORLANDO FL 32806</b>	7. Name and Address of New Registered Agent Name: <b>Joseph G. Andriole, M.D.</b> Street Address (P.O. Box Number is Not Acceptable): <b>20 West Kaley Street</b> City: <b>Orlando</b> FL Zip Code: <b>32806</b>
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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: Joseph G. Andriole, M.D. **President/CEO** DATE: **8/31/00**

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. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$550.00</b> After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <b>P</b>	<input checked="" type="checkbox"/> Delete	TITLE: <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>RIVERO, HEDRICK J</b>		NAME: <b>Joseph G. Andriole, M.D.</b>	
STREET ADDRESS: <b>20 W KALEY ST</b>		STREET ADDRESS:	
CITY-ST-ZIP: <b>ORLANDO FL</b>		CITY-ST-ZIP:	
TITLE: <b>ST</b>	<input checked="" type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>ELISCU, EDWARD H.</b>		NAME:	
STREET ADDRESS: <b>20 W KALEY ST.</b>		STREET ADDRESS:	
CITY-ST-ZIP: <b>ORLANDO FL</b>		CITY-ST-ZIP:	
TITLE: <b>S</b>	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>HARDING, DAVID R M</b>		NAME:	
STREET ADDRESS: <b>20 WEST KALEY ST</b>		STREET ADDRESS:	
CITY-ST-ZIP: <b>ORLANDO FL 32806</b>		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		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: Joseph G. Andriole, M.D. DATE: **8/31/00** (407) 423-5371

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/00)