

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90141 017 ***150.00

090139Z AV

DOCUMENT # 602349

1. Entity Name
BOCA RADIOLOGY GROUP, P.A.

Principal Place of Business
**3333 S. CONGRESS AVENUE
 SUITE 301
 DELRAY BEACH FL 33445
 US**

Mailing Address
**P.O. BOX 810969
 P.O. BOX 2366
 BOCA RATON FL 33481-0969
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
951 N.W. 13th Street

3. Mailing Address

Suite, Apt. #, etc.
1C

Suite, Apt. #, etc.

City & State
Boca Raton, FL

City & State

4. FEI Number
59-1301771

Applied For
 Not Applicable

Zip
33486

Country
US

Zip

Country

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:

**KLEINMAN, JOSEPH H
 3333 S. CONGRESS AVE., #301
 DELRAY BEACH FL 33445**

address change →

Name

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

951 N.W. 13th Street, # 1C

City **Boca Raton, FL 33486 FL** Zip Code **33486**

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	ZIMSKI, EDMOND	
STREET ADDRESS	3333 S. CONGRESS AVE., 301	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	POLLOCK, EDWARD	
STREET ADDRESS	3333 S. CONGRESS AVE., 301	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STEIN, JONATHAN	
STREET ADDRESS	3333 S. CONGRESS AVE., 301	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAZZEO, VINCENT	
STREET ADDRESS	3333 S. CONGRESS AVE., 301	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KLEINMAN, JOSEPH H	
STREET ADDRESS	3333 S. CONGRESS AVE., 301	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JIMENEZ, CARLOS J	
STREET ADDRESS	3333 S. CONGRESS AVE., 301	
CITY-ST-ZIP	DELRAY BEACH FL 33445	

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 checked="" 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		

CR2E034 (9/01)

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 officer-like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02
 Date Daytime Phone #