

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 711133**

1. Entity Name

**THE SOUTH FLORIDA RADIOLOGICAL SOCIETY, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 640797  
NORTH MIAMI FL 33164-7797

1715 NW 94TH ST  
GAINESVILLE FL 32606-5571  
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

**59-3006068**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RONALD, JOSEPH MD**  
1715 NW 94TH ST  
GAINESVILLE FL 32606

7. Name and Address of New Registered Agent

Name **JOEL FISHMAN MD**

Street Address (P.O. Box Number is Not Acceptable)  
**1715 NW 94TH ST**

City **GAINESVILLE, FL**

**FL**

Zip Code **32606**

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]* **MD**

*[Signature]* **JOEL FISHMAN MD**

*[Signature]* **4/20/00**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>JOSEPH, RONALD</b>	
STREET ADDRESS	<b>PO BOX 640797 N/A</b>	
CITY-ST-ZIP	<b>N MIAMI BEACH FL 33164</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>JOEL FISHMAN, M.D.</b>	
STREET ADDRESS	<b>P.O. BOX 640797 N/A</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>REITMAN, LAURENCE</b>	
STREET ADDRESS	<b>P.O. BOX 640797 N/A</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>SCHFINKMAN, RANDY MD</b>	
STREET ADDRESS	<b>PO BOX 640797</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WHITEMAN, MITCHELL MD</b>	
STREET ADDRESS	<b>P.O. BOX 640797 N/A</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ROBINSON, HOWARD</b>	
STREET ADDRESS	<b>P.O. BOX 640797 N/A</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOSEPH, RONALD</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FISHMAN, JOEL</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHFINKMAN, RANDY</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>ST</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KAPLAN, STUART</b>	
STREET ADDRESS	<b>PO BOX 640797</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33164-0797</b>	
TITLE	<b>EXECUTIVE DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROGERS, LINDA</b>	
STREET ADDRESS	<b>1715 NW 94TH ST</b>	
CITY-ST-ZIP	<b>GAINESVILLE, FL 32606</b>	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* **REQUIRED**

**2/10/2000**

**888 663-7028**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #