

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740307

1. Entity Name

FLORIDA RADIOLOGICAL SOCIETY, INC.

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90136 031 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1419 MARKET ST  
 TALLAHASSEE FL 32312  
 US

PO BOX 12014  
 TALLAHASSEE FL 32317-2014  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1768008

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MALLOY, A L (ROY)  
 1419 MARKET ST  
 TALLAHASSEE FL 32312

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | TD                      | <input type="checkbox"/> Delete            |
| NAME           | ANDREWS, E J JR         |  |
| STREET ADDRESS | 8333 N DAVIS HWY        |  |
| CITY-ST-ZIP    | PENSACOLA FL 32514      |  |
| TITLE          | VD                      | <input type="checkbox"/> Delete            |
| NAME           | SWAIN, MARY E           |  |
| STREET ADDRESS | 1623 MEDICAL DR         |  |
| CITY-ST-ZIP    | TALLAHASSEE FL 32317    |  |
| TITLE          | VD                      | <input type="checkbox"/> Delete            |
| NAME           | NORTHUO, H MARTIN       |  |
| STREET ADDRESS | 414 OCEANWALK DR N      |  |
| CITY-ST-ZIP    | ATLANTIC BEACH FL 32233 |  |
| TITLE          | D                       | <input checked="" type="checkbox"/> Delete |
| NAME           | WILLIAMS, CHARLES D.    |  |
| STREET ADDRESS | 1623 MEDICAL DR         |  |
| CITY-ST-ZIP    | TALLAHASSEE FL          |  |
| TITLE          | MD                      | <input type="checkbox"/> Delete            |
| NAME           | MALLOY, A.L. (ROY)      |  |
| STREET ADDRESS | 1419 MARKET ST          |  |
| CITY-ST-ZIP    | TALLAHASSEE FL          |  |
| TITLE          |                         | <input type="checkbox"/> Delete            |

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | VD                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          | P                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          | D                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | NORTHUP                 |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          | SD                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | MILES, STEVEN G.        |  |
| STREET ADDRESS | 130 N. FREDERICK AVE    |  |
| CITY-ST-ZIP    | DAYTONA BEACH, FL 32114 |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          | TD                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | TIM R. WILLIAMS         |  |
| STREET ADDRESS | 800 MEADOWS ROAD        |  |
| CITY-ST-ZIP    | BOCA RATON FL 33486     |  |

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: Charles D. Williams RE: A.L. (ROY) MALLOY 2/17/00 850-668-7998  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)