

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J27020

1. Entity Name

CITRUS RADIOLOGY ASSOCIATES, P.A.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90109 012 ***150.00

Principal Place of Business

405 TOMPKINS ST.
INVERNESS FL 34450
US

Mailing Address

405 TOMPKINS ST.
INVERNESS FL 34450-4138
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

59-2692687

Applied For

Not Applicable

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

ZACHAR, CHARLES K.
405 TOMPKINS ST.
INVERNESS FL 34450

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STRAUB, JACKSON L. 405 TOMPKINS ST INVERNESS FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ZACHAR, CHARLES K 405 TOMPKINS ST INVERNESS FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUTRY, DAVID 405 TOMPKINS ST. INVERNESS FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DEGIROZAMI, RICCARDO 405 TOMPKINS STREET INVERNESS FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DEGIROLAMI, RICCARDO	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ANTON, ROBERT 405 TOMPKINS ST INVERNESS FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

Robert C. Anton

Robert C. Anton, M.D.

✓ 4/13/00

(352) 726-0149

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)