

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000040839

FILED
Apr 26, 2002 8:00 AM
Secretary of State

Entity Name: FLORIDA RADIOLOGY CONSULTANTS, P.A.

Current Principal Place of Business:

8192 COLLEGE PARKWAY
SUITE 6
FORT MYERS, FL 33919

New Principal Place of Business:

2726 SWAMP CABBAGE CT
FORT MYERS, FL 33901

Current Mailing Address:

8192 COLLEGE PARKWAY
SUITE 6
FORT MYERS, FL 33919

New Mailing Address:

2726 SWAMP CABBAGE CT
FORT MYERS, FL 33901

FEI Number: 65-1098250

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

R. ANDREW ROCK
401 EAST JACKSON STREET
SUITE 2500
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

ROCK, ANDREW R
401 EAST JACKSON STREET
SUITE 2500
TAMPA, FL 33602 US

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: ANDREW ROCK

04/26/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GERSON, ROBERT E M.D.
Address: 771 CYPRESS LAKE CIRCLE
City-St-Zip: FORT MYERS, FL 33919

Title: D () Delete
Name: HOWARD, JOHN L M.D.
Address: 13716 BRYNWOOD LANE
City-St-Zip: FORT MYERS, FL 33912

Title: D () Delete
Name: NEGIN, GEOFFREY A M.D.
Address: 13832 PINE VILLA LANE
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT GERSON

PRES

04/26/2002

Electronic Signature of Signing Officer or Director

Date