

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2002 8:00 am
Secretary of State

08-18-2002 90128 049 ***558.75

DOCUMENT # P01000043357

1. Entity Name
RADIOLOGY DOCTORS, P.A.

Principal Place of Business C/O STEVEN A. FERZOCCO, M.D. 13404 GOLF CREST WAY TAMPA FL 33624	Mailing Address C/O STEVEN A. FERZOCCO, M.D. 13404 GOLF CREST WAY TAMPA FL 33624
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business New Port Richey Community Hospital Suite, Apt. #, etc. 5622 Marine Parkway City & State New Port Richey, FL	3. Mailing Address Suite, Apt. #, etc. P.O. Box 127 City & State Elfers, FL		
Zip 34652	Country USA	Zip 34680	Country USA

4. FEI Number 59-3715296	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WARRILOW, ARTHUR G
14209 ASHBURN PLACE
TAMPA FL 33624

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Joseph S. Parise, MD Sec-Treas. DATE 8-12-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete FERZOCCO, STEVEN A M.D. 13404 GOLF CREST WAY TAMPA FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BARAT, GUY R M.D. 13404 GOLF CREST WAY TAMPA FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PARISE, JOSEPH S M.D. 13404 GOLF CREST WAY TAMPA FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D, P Barat, Guy R., MD 100 Stanton Circle Oldsmar, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D, VP, S, T Parise, Joseph S., MD 1033 Royal Birkdale Dr Tarpon Springs, FL 34688
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Joseph S. Parise, MD Sec-Treas. DATE: 8-12-02 (727) 884-5915

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)