

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001753

1. Entity Name

RADIOLOGY BILLING SERVICES, INC.

Principal Place of Business

1329 SW 16TH ST  
GAINESVILLE FL 32608

Mailing Address

PO BOX 100205  
GAINESVILLE FL 32610-0205  
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

59-3434356

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

THARP, WILLIAM W  
1329 S.W. 16TH STREET  
ROOM 4190  
GAINESVILLE FL 32608

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 PD ☐ Delete  
NAME COPELAND, EDWARD M III  
STREET ADDRESS BOX 100215, JHMHC  
CITY-ST-ZIP GAINESVILLE FL 32610-0215

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME MODELL, JEROME H MD  
STREET ADDRESS BOX 100215, JHMHC  
CITY-ST-ZIP GAINESVILLE FL 32610-0215

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD ☐ Delete  
NAME THARP, WILLIAM W  
STREET ADDRESS BOX 100354, JHMHC  
CITY-ST-ZIP GAINESVILLE FL 32610-0215

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME STAAB, EDWARD V MD  
STREET ADDRESS BOX 100374, JHMHC  
CITY-ST-ZIP GAINESVILLE FL 32610-0215

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME CASSISI, NICHOLAS J MD  
STREET ADDRESS BOX 100264, JHMHC  
CITY-ST-ZIP GAINESVILLE FL 32610-0215

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William W. Tharp

Date

(352) 395-7951

Daytime Phone #

CR2E037 (9/99)

FILED  
Apr 26, 2000 8:00 am  
Secretary of State

04-26-2000 90061 045 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE