

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 462892

1. Entity Name

RADIOLOGY ASSOCIATES, P.A. OF FORT LAUDERDALE

FILED
Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90098 044 ***550.00

Principal Place of Business

226 SE AVE
FORT LAUDERDALE FL 33301

Mailing Address

226 SE AVE
FORT LAUDERDALE FL 33301

2. Principal Place of Business

902 N.E. 1st Street

3. Mailing Address

902 N.E. 1st Street

Suite, Apt. #, etc.

Suite 202

Suite, Apt. #, etc.

Suite 202

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

4. FEI Number

59-1562872

Applied For

Not Applicable

Zip

33060

Country

U.S.A.

Zip

33060

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUMES, JOHN ESQ.
HUME & JOHNSON P.A.
1401 UNIVERSITY DRIVE, SUITE 301
CORAL SPRINGS FL 33071

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.

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 \$550.00
After SEPTEMBER 13, 2000 Min. 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 PD
NAME MENDEZ, GASTON, JR
STREET ADDRESS 10010 NW 45TH ST
CITY-ST-ZIP CORAL SPRINGS FL ☐ Delete

TITLE STD
NAME SIMON, MARK
STREET ADDRESS 226 SE 12 AVE
CITY-ST-ZIP FT LAUDERDALE FL 33301 ☐ Delete

TITLE VPD
NAME MARTI, ALEX J.
STREET ADDRESS 5847 N.W. 62ND TERRACE
CITY-ST-ZIP PARKLAND FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE STD
NAME Simon, Mark
STREET ADDRESS 902 N.E. 1st Street, Suite 202
CITY-ST-ZIP Pompano Beach, FL 33060 ☒ Change ☐ Addition

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

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

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)