

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

02-25-2002 90049 031 ***150.00

DOCUMENT # 545768

1. Entity Name
NEW SMYRNA RADIOLOGY ASSOCIATES, P.A.

Principal Place of Business
**401 PALMETTO ST.
 NEW SMYRNA BEACH FL 32168**

Mailing Address
**350 N CAUSEWAY
 NEW SMYRNA BEACH FL 32169-5233**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-1761997

Applied For
☐ Not Applicable

Zip Country

Zip Country

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

**STERN, ALAN J
 401 PALMETTO STREET
 N. SMYRNA BCH FL 32168**

Name **MARCHAND, TANIA**
 Street Address (P.O. Box Number Is Not Acceptable)
401 PALMETTO ST
 City **NEW SMYRNA BCH FL** Zip Code **32168**

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 **MARCHAND, TANIA**
 Signature, typed or printed name of registered agent and title if applicable.

[Signature] **3/1/02**
 (NOTE: Registered Agent signature required when filing.) 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, 2002 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 **P** ☐ Delete
 NAME **MARCHAND, TANIA**
 STREET ADDRESS **401 PALMETTO ST**
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168-7399**

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

TITLE **VP** ☒ Delete
 NAME **STERN, ALAN J**
 STREET ADDRESS **401 PALMETTO ST.**
 CITY-ST-ZIP **NEW SMYRNA BEACH FL** **DECEMBER**

TITLE **VP** ☐ Change ☒ Addition
 NAME **LEVY, ROBERT**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SEC** ☐ Change ☒ Addition
 NAME **LAMARCA, ANTHONY**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

2/8/02 **424-5743**
 Date Daytime Phone #

CR2E034 (9/01)