

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 600251

1. Entity Name

MEDICAL IMAGING ASSOCIATES OF MIAMI, PROFESSIONA

**FILED**  
**Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90029 024 \*\*\*150.00

Principal Place of Business

Mailing Address

1100 NW 95TH ST  
RADIOLOGY DEPT  
MIAMI FL 33150  
US

700 NE 90TH ST  
ATTN: DANIEL KOPPEN  
MIAMI FL 33138-3206  
US

C0018477



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 59-1150880

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

KOPPEN, R. DANIEL  
700 NORTHEAST 90TH STREET  
MIAMI FL 33138-3206

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 \$150.00**  
**After MAY 1, 2000 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 DS  
NAME SCHLAKMAN, BRUCE  
STREET ADDRESS 1100 NW 95TH ST, RADIOLOGY DEPT  
CITY-ST-ZIP MIAMI FL 33150 ☐ Delete

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

TITLE DP  
NAME SILBERMAN, MICHAEL  
STREET ADDRESS 1100 NW 95TH ST, RADIOLOGY DEPT  
CITY-ST-ZIP MIAMI FL 33150 ☐ Delete

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

TITLE DT  
NAME LENTER, LESLIE  
STREET ADDRESS 1100 NW 95TH ST, RADIOLOGY DEPT  
CITY-ST-ZIP MIAMI FL 33150 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

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

Date

Daytime Phone #

1/19/00

305-6943688