

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90036 010 \*\*\*150.00

**DOCUMENT # 600251**

1. Entity Name

**MEDICAL IMAGING ASSOCIATES OF MIAMI, PROFESSIONA**

Principal Place of Business

**1100 NW 95TH ST  
RADIOLOGY DEPT  
MIAMI FL 33150  
US**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

**1025 South Dixie Highway**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**City & State  
Delray Beach, Fla.**

4. FEI Number **59-1150880**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33483**

**US**

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)

**1025 South Dixie Highway**

City

**Delray Beach, Fla**

**FL**

Zip Code

**33483**

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

*R. Daniel Koppen*

**R. Daniel Koppen**

**01-12-01**

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, 2001 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** ☐ Delete  
NAME **SCHLAKMAN, BRUCE**  
STREET ADDRESS **1100 NW 95TH ST, RADIOLOGY DEPT**  
CITY-ST-ZIP **MIAMI FL 33150**

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

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

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

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

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

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:

*Michael R Silberman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**MICHAEL R SILBERMAN**

**1-17-01**  
Date

**(305) 835-6152**  
Daytime Phone #

CR2E034 (10/00)