

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90172 042 ***150.00

03/10/09
AV

DOCUMENT # 600330

1. Entity Name
RADIOLOGISTS OF NORTH FORT LAUDERDALE, P.A.



Principal Place of Business
**4725 N FEDERAL HWY
% HOLY CROSS HOSP.
FT LAUDERDALE FL 33308**

Mailing Address
**P O BOX 11006
FT LAUDERDALE FL 33339**



2. Principal Place of Business

3. Mailing Address

2500 N. Military Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#283

City & State

City & State

Boca Raton, FL

Zip

Country

Zip

Country

33431

USA

4. FEI Number **59-1198209**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TATE, CHARLES F. I
4461 N. FEDERAL HWY
OAKLAND PARK FL 33308**

Name

Mark A. Coel, Esq.

Street Address (P.O. Box Number is Not Acceptable)

33 S.E. 8th Street, #400

City

Boca Raton

FL

Zip Code

33432

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Mark A. Coel, Esq.**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TATE, III CHARLES 4725 N FEDERAL HWY FT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD BAKER, RICHARD 4725 N FEDERAL HWY FT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BACHOW, TERRY 4725 N FEDERAL HWY FT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD BETTENHAUSEN, R.L. 4725 N FEDERAL HWY FT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WILKOV, HOWARD R 4725 N FEDERAL HWY FT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEIN, KENNETH 4725 N FEDERAL HWY FT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Baker, Richard 4725 N. Federal Hwy. Ft. Lauderdale, FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bachow, Terry 4725 N. Federal Hwy. Ft. Lauderdale, FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wilkov, Howard R. 4725 N. Federal Hwy. Ft. Lauderdale, FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Stein, Kenneth 4725 N. Federal Hwy. Ft. Lauderdale, FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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 of President Radiologists of N Ft Lauderdale

Date

4/16/03

Daytime Phone #

954-492-5797

CR2E034 (10/02)

ATTACHMENT
80087159

Radiologists of North Ft. Lauderdale, P.A.

Document # 600330

Section 11 (Con't)

Title:	TD	x Addition
Name:	Desai, Mehul	
Street Address:	4725 N. Federal Hwy.	
City-St-Zip:	Ft. Lauderdale, FL 33308	

Title:	D	x Addition
Name:	Eisenberg, Peter	
Street Address:	4725 N. Federal Hwy.	
City-St-Zip:	Ft. Lauderdale, FL 33308	