

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 600378

Entity Name:

RADIOLOGY ASSOCIATES OF CLEARWATER, M.D., P.A.

FILED  
May 15, 2001 8:00 am  
Secretary of State

05-15-2001 90177 028 \*\*\*150.00

Principal Place of Business  
1000 S FT HARRISON AVE  
BOX 660  
CLEARWATER FL 33758  
US

Mailing Address  
1000 S FT HARRISON AVE  
BOX 660  
CLEARWATER FL 33758-3908  
US

A0067172

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1212948

Applied For  
Not Applicable

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

BENNETT, DENISE  
1000 S FT HARRISON AVE  
CLEARWATER FL 34616

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, 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	P	<input type="checkbox"/> Delete
NAME	GOODMAN, GORDON	
STREET ADDRESS	2149 LAURENCE DR.	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENJAMIN, MARK	
STREET ADDRESS	108 HARBOR VIEW LANE	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KROP, DANIEL	
STREET ADDRESS	1541 CHATEAU WOOD DR	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	D	<input type="checkbox"/> Delete
NAME	FISHER, JOHN	
STREET ADDRESS	603 PONCE DE LEON BLVD	
CITY-ST-ZIP	BELLAIRE FL 33758	
TITLE	D	<input type="checkbox"/> Delete
NAME	STERN, GEORGE	
STREET ADDRESS	2217 KENT PLACE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	LICHT, MARK O	
STREET ADDRESS	12805 HARBOR WOOD DR	
CITY-ST-ZIP	LARGO FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

*Signature* 4-27-01

CR20034 (9/99)