

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90204 049 ***150.00

DOCUMENT # 600378	
1. Entity Name RADIOLOGY ASSOCIATES OF CLEARWATER, M.D., P.A.	

DO NOT WRITE IN THIS SPACE

24068702

2. Principal Place of Business 1000 S. FT. HARRISON		3. Mailing Address P.O. BOX 660	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CLEARWATER, FL		City & State CLEARWATER, FL	
Zip 33756	Country USA	Zip 33757	Country USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 59-1212948		Applied For Not Applicable
	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name DENISE BENNETT		
Street Address (P.O. Box Number is Not Acceptable) 1000 S. FT. HARRISON AVENUE			
City CLEARWATER			FL Zip Code 33756

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP
TITLE	NAME	TITLE	NAME
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CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **DANIEL KROP** **4/27/04** **(813) 441-3711**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **Daytime Phone #**

CR2E034B (12/02)

Attachment

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 600378

1. Entry Name
RADIOLOGY ASSOCIATES OF
CLEARWATER, M.D., P.A.



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2. Principal Place of Business
1000 S. FT. HARRISON
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 660
Suite, Apt. #, etc.

City & State
CLEARWATER, FL
Zip
33756 Country
USA

City & State
CLEARWATER, FL
Zip
33757 Country
USA

4. FEI Number
59-1212948

Applied For
No: Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name DEWISE BENNETT

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

1000 S. FT. HARRISON AVENUE

City CLEARWATER FL Zip Code 33756

8. The above named entry 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

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

(NOTE: Registered Agent's signature required when registering)

DATE

January 11 - May 1, 2000
January 11 - May 1, 2000
January 11 - May 1, 2000
State 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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DIRECTOR
ALEX WEISS, M.D.
2173 LAURENCE DRIVE
CLEARWATER, FL 33764

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DIRECTOR
ROBERT HOWARD, M.D.
109 LIVE OAK LAKE
LARGO, FL 33770

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DIRECTOR
BARRY KRANS, M.D.
1654 SHEFFIELD DRIVE
CLEARWATER, FL 33764

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DIRECTOR
RHONDA MCDOWELL, M.D.
2100 LAURENCE DRIVE
CLEARWATER, FL 33764

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DIRECTOR
BARBARA BURLAND, M.D.
115 EDgewater, DRIVE
DUNEDIN, FL 34698

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DIRECTOR
LOWELL HEINKE, M.D.
1008 LAKE RIDGE DRIVE
SAFETY HARBOR, FL 34695

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like employed.

Attachment

24068702

CR2E034B (12/02)

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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City & State CLEARWATER, FL	City & State CLEARWATER, FL
Zip 33756	Zip 33757
Country USA	Country USA

4. FEI Number 59-1212948	Applied For ☐	Not Applicable ☐
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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7. Name and Address of Current Registered Agent

Name DENISE BENNETT
Street Address (P.O. Box Number is Not Acceptable) 1000 S. FT. HARRISON AVENUE
City CLEARWATER
State FL
Zip Code 33756

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

Summary 1 - May 15, 1993 to 1994
Summary 2 - May 15, 1994 to 1995
Summary 3 - May 15, 1995 to 1996
Summary 4 - May 15, 1996 to 1997
Summary 5 - May 15, 1997 to 1998
Summary 6 - May 15, 1998 to 1999
Summary 7 - May 15, 1999 to 2000
Summary 8 - May 15, 2000 to 2001
Summary 9 - May 15, 2001 to 2002
Summary 10 - May 15, 2002 to 2003
Summary 11 - May 15, 2003 to 2004
Summary 12 - May 15, 2004 to 2005
Summary 13 - May 15, 2005 to 2006
Summary 14 - May 15, 2006 to 2007
Summary 15 - May 15, 2007 to 2008
Summary 16 - May 15, 2008 to 2009
Summary 17 - May 15, 2009 to 2010
Summary 18 - May 15, 2010 to 2011
Summary 19 - May 15, 2011 to 2012
Summary 20 - May 15, 2012 to 2013
Summary 21 - May 15, 2013 to 2014
Summary 22 - May 15, 2014 to 2015
Summary 23 - May 15, 2015 to 2016
Summary 24 - May 15, 2016 to 2017
Summary 25 - May 15, 2017 to 2018
Summary 26 - May 15, 2018 to 2019
Summary 27 - May 15, 2019 to 2020
Summary 28 - May 15, 2020 to 2021
Summary 29 - May 15, 2021 to 2022
Summary 30 - May 15, 2022 to 2023
Summary 31 - May 15, 2023 to 2024
Summary 32 - May 15, 2024 to 2025
Summary 33 - May 15, 2025 to 2026
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Summary 38 - May 15, 2030 to 2031
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Summary 385 - May 15, 2377 to 2378
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Summary 387 - May 15, 2379 to 2380
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