

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90106 018 ***150.00

DOCUMENT # 600378

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



Principal Place of Business
**1000 S FT HARRISON AVE
BOX 660
CLEARWATER FL 33756
US**

Mailing Address
**1000 S FT HARRISON AVE
BOX 660
CLEARWATER FL 33756
US**

22003584



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-1212948**

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

**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. 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 signature required when reinstating)

DATE

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 **P** ☐ Delete
NAME **KROP, DANIEL**
STREET ADDRESS **1541 CHATEAU WOOD DR**
CITY-ST-ZIP **CLEARWATER FL 33764**

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

TITLE **D** ☐ Delete
NAME **BENJAMIN, MARK**
STREET ADDRESS **108 HARBOR VIEW LANE**
CITY-ST-ZIP **LARGO FL 33770**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **ROBERT HOWARD, M.D.**
STREET ADDRESS **109 LIVE OAK LANE**
CITY-ST-ZIP **LARGO, FL 33770**

TITLE **VP** ☐ Delete
NAME **FISHER, JOHN**
STREET ADDRESS **603 PONCE DE LEON BLVD**
CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **BARRY KRAUS, M.D.**
STREET ADDRESS **1654 SHEFFIELD DRIVE**
CITY-ST-ZIP **CLEARWATER, FL 33764**

TITLE **D** ☐ Delete
NAME **GOODMAN, GORDON**
STREET ADDRESS **2149 LAURENCE DR**
CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **RHONDA MCDOWELL, M.D.**
STREET ADDRESS **1600 GULF BLVD. # 717**
CITY-ST-ZIP **CLEARWATER, FL 33767**

TITLE **D** ☐ Delete
NAME **STERN, GEORGE**
STREET ADDRESS **2217 KENT PLACE**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **BARBARA HALL, M.D.**
STREET ADDRESS **115 EDGEWATER DRIVE**
CITY-ST-ZIP **DUNEDIN, FL 34698**

TITLE **S** ☐ Delete
NAME **LICHT, MARK O**
STREET ADDRESS **12805 HARBOR WOOD DR**
CITY-ST-ZIP **LARGO FL**

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

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 DANIEL KROP M.D.
PRESIDENT

1-14-03

Date

727-441-3711

Daytime Phone #

CR2034 (10/02)