2002 UNIFORM BUSINESS REPORT (UBR)

Mar 05, 2002 8:00 am Secretary of State DOCUMENT # 600442 1. Entity Name FLORIDA RADIOLOGY ASSOCIATES, P.A. 03-05-2002 90086 014 ***150.00 Principal Place of Business Mailing Address FLORIDA RADIOLOGY ASSOCIATES FLORIDA RADIOLOGY ASSOCIATES 631 PALM SPRINGS DRIVE #111 PO BOX 150505 ALTAMONTE SPRINGS FL 32715 ALTAMONTE SPRINGS FL 32701 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1219914 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MAY, CHARLES M Street Address (P.O. Box Number is Not Acceptable) 631 PALM SPRINGS DRIVE SUITE 111 **ALTAMONTE SPRINGS FL 32701** Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **Addition** TITLE TITLE X Delete Prati, Ronald C. Jr. MORRIS, LEN W NAME NAME 702 Sweetwater Club. Blvd. STREET ADDRESS 1403 DOILIVE DRIVE STREET ADDRESS Longwood, FL CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME BALL, JAMES B. JR. NAME STREET ADDRESS 208 WILDCREEK CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL __ _ Change _ Addition TITLE _____ Delete. - -TITLE NAME FRANCIS, FERNANDEZ J NAME STREET ADDRESS STREET ADDRESS 1713 BRIDGEWATER DR. CITY-ST-ZIP CITY-ST-ZIP **HEATHROW FL 32746** ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME RIPPE, DAVID J STREET ADDRESS STREET ADDRESS 2120 LANGLEY CIRCLE CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32835 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 emp

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