

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90071 044 ***150.00

DOCUMENT # 600515

1. Entity Name
ROSENDORF MARGULIES BORUSHOK SCHOENBAUM RADIOLOG

Principal Place of Business 1200 S. PINE ISLAND ROAD SUITE 600 PLANTATION FL 33324 US	Mailing Address 1200 S. PINE ISLAND ROAD SUITE 600 PLANTATION FL 33324-4465 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number **59-1226776** Applied For Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD DICKERSON, JAMES H JR 3000 GALLERIA TOWER SUITE 1000 BIRMINGHAM AL 35244 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	VSD FINLEY, SARA J 3000 GALLERIA TOWER SUITE 1000 BIRMINGHAM AL 35244 <input checked="" type="checkbox"/> Delete	V P SECRETARY DIRECTOR MICHAEL HATCHER 1900 WINSTON RD. STE 300 KNOXVILLE, TN 37919 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	P MASSINGALE, H. LYNN MD 3000 GALLERIA TOWER SUITE 1000 BIRMINGHAM AL 35244 <input type="checkbox"/> Delete	V P TREASURER DAVID JONES 1900 WINSTON RD. STE 300 KNOXVILLE, TN 37919 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Delete	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Delete	V P ASSISTANT SECRETARY STEPHEN SHERLIN 1900 WINSTON RD. STE 300 KNOXVILLE, TN 37919 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Michael Hatcher **MICHAEL HATCHER** 2/25/00 865-693-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)