

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 600515

Entity Name

ROSENDORF MARGULIES BORUSHOK SCHOENBAUM RADIOLOG  
Y ASSOCIATES OF HOLLYWOOD, INC.

Principal Place of Business

1900 WINSTON RD  
KNOXVILLE TN 37919  
US

Mailing Address

P.O. BOX 30698  
KNOXVILLE TN 37919  
US

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

59-1226776

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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

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, 2002 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

TITLE PD ☐ Delete  
NAME MASSINGALE, H.LYNN MD  
STREET ADDRESS 1900 WINSTON RD  
CITY-ST-ZIP KNOXVILLE TN 37919

TITLE DVP ☐ Delete  
NAME APPLEMAN, ROBERT MD  
STREET ADDRESS 14050 NW 14TH ST STE., #190  
CITY-ST-ZIP FORT LAUDERDALE FL 33323

TITLE VPAS ☐ Delete  
NAME JOYNER, ROBERT ESQ  
STREET ADDRESS 1900 WINSTON RD  
CITY-ST-ZIP KNOXVILLE TN 37919

TITLE SD ☐ Delete  
NAME HATCHE, MICHAEL  
STREET ADDRESS 1900 WINSTON RD  
CITY-ST-ZIP KNOXVILLE TN 37919

TITLE VPAS ☐ Delete  
NAME SHERILYN, STEPHEN  
STREET ADDRESS 1900 WINSTON RD  
CITY-ST-ZIP KNOXVILLE TN 37919

TITLE AS ☐ Delete  
NAME POBGE, THOMAS K  
STREET ADDRESS 14050 NW 14TH ST STE., #190  
CITY-ST-ZIP FORT LAUDERDALE FL 33323

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Assist. Treas.  
STREET ADDRESS John Stair  
CITY-ST-ZIP 1900 Winston Rd.  
Knoxville, TN 37919

TITLE ☐ Change ☒ Addition  
NAME Carole Belmar - AT  
STREET ADDRESS 1900 Winston Rd., Suite 300  
CITY-ST-ZIP Knoxville, Tennessee 37919

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90134 025 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)