

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 601716

1. Entity Name

ORMOND RADIOLOGY ASSOCIATES, P.A.

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

04-06-2000 90017 041 ***150.00

Principal Place of Business

Mailing Address

500 MEMORIAL CIRCLE, SUITE ~~100~~ **E2**
ORMOND BEACH FL 32174

500 MEMORIAL CIRCLE, SUITE D
ORMOND BEACH FLA 32174-5054

2. Principal Place of Business

3. Mailing Address

483 South Nova Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORMOND BEACH FL

4. FEI Number **59-1276138**

Applied For

Not Applicable

Zip

Country

Zip

Country

32174

YOLUSIA

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

DEARMAS, DR. C.R., JR.
500 MEMORIAL CIRCLE, SUITE ~~100~~ **E2**
ORMOND BEACH FL 32074

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	FAWLEY, H. H JR.	
STREET ADDRESS	500 MEMORIAL CIRCLE, STE 100 E2	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	DEARMAS, C ROBERT JR	
STREET ADDRESS	500 MEMORIAL CIR STE 100 E2	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MONSOUR, FRED J.	
STREET ADDRESS	500 MEMORIAL CIR 100 E2	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	WEAVER, JAMES W.	
STREET ADDRESS	500 MEMORIAL CIR 100 E2	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	LEB, ROBERT B.	
STREET ADDRESS	500 MEMORIAL CIR 100 E2	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OSCAR F CARBONE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARBONELY OSCAR F	
STREET ADDRESS	500 MEMORIAL CIRCLE STE E2	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR DEARMAS JR PRESIDENT

Date

Daytime Phone #

904/673-8040

CR2E034 (9/99)