

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 602553

1. Entity Name

RADIOLOGY ASSOCIATES OF BREVARD, P.A.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90116 012 ***150.00

Principal Place of Business

Mailing Address

700 N. WICKHAM ROAD, SUITE 203
MELBOURNE FL 32935

700 N. WICKHAM ROAD, SUITE 203
MELBOURNE FL 32935-8840

2. Principal Place of Business

1317 S. Oak Street

Suite, Apt. #, etc.

3. Mailing Address

1317 S. Oak Street

Suite, Apt. #, etc.

City & State

Melbourne, FL

City & State

Melbourne, FL

Zip

32901

Country

USA

Zip

32901

Country

USA

4. FEI Number

59-1317818

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~BENVENISTE~~
~~BENVENISTE, JOEL S~~
700 N WICKHAM RD SUITE 203
MELBOURNE FL 32935

7. Name and Address of New Registered Agent

Name Benveniste, Joel S.
Street Address (P.O. Box Number is Not Acceptable)
1317 S. Oak Street
City Melbourne FL Zip Code 32901

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

Joel S. Benveniste

Joel S. Benveniste

1-12-00

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

TITLE	V	<input type="checkbox"/> Delete
NAME	MILLER, PAUL A.	
STREET ADDRESS	209 LANSING ISLAND	
CITY-ST-ZIP	INDIAN HARBOR BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MANDEL, ROBERT J	
STREET ADDRESS	2720 N RIVERSIDE DR	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	CHERIN, HARRIS A.	
STREET ADDRESS	340 BAY POINT DR.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	STERN, MARTIN H.	
STREET ADDRESS	407 RIO PALMA S.	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	BENVENISTE, JOEL S	
STREET ADDRESS	472 PEREGRINE DR. Address change	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	KOUBEK, TERRY D	
STREET ADDRESS	410 MONACO DR	
CITY-ST-ZIP	INDIALANTIC FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P Benveniste, Joel S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2945 South A1A
CITY-ST-ZIP	Melbourne Beach, FL 32951
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:

Joel S. Benveniste 1-12-00 (321) 953-290

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #