

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 602553**

1. Entity Name

**RADIOLOGY ASSOCIATES OF BREVARD, P.A.**

Principal Place of Business

**1317 S. OAK STREET  
MELBOURNE FL 32901  
US**

Mailing Address

**1317 S. OAK STREET  
MELBOURNE FL 32901  
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

6. Name and Address of Current Registered Agent

**BENRENISTE, JOEL S  
1317 S. OAK STREET  
MELBOURNE FL 32901**

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, 2001 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	<b>MILLER, PAUL A.</b>	
STREET ADDRESS	<b>209 LANSING ISLAND</b>	
CITY-ST-ZIP	<b>INDIAN HARBOR BEACH FL</b>	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	<b>MANDEL, ROBERT J</b>	
STREET ADDRESS	<b>2720 N RIVERSIDE DR</b>	
CITY-ST-ZIP	<b>INDIALANTIC FL</b>	
TITLE	V	<input type="checkbox"/> Delete
NAME	<b>CHERIN, HARRIS A.</b>	
STREET ADDRESS	<b>340 BAY POINT DR.</b>	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	
TITLE	V	<input type="checkbox"/> Delete
NAME	<b>STERN, MARTIN H.</b>	
STREET ADDRESS	<b>407 RIO PALMA S.</b>	
CITY-ST-ZIP	<b>INDIALANTIC FL</b>	
TITLE	P	<input type="checkbox"/> Delete
NAME	<b>BENVENISTE, JOEL S</b>	
STREET ADDRESS	<b>2945 SOUTH A1A</b>	
CITY-ST-ZIP	<b>MELBOURNE BEACH FL 32951</b>	
TITLE	V	<input type="checkbox"/> Delete
NAME	<b>KOUBEK, TERRY D</b>	
STREET ADDRESS	<b>410 MONACO DR</b>	
CITY-ST-ZIP	<b>INDIALANTIC FL</b>	

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	
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

3/13/01

Date

321-953-2900

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

Document #602553

513846

Florida Uniform Business Report  
Document # 602553  
Radiology Associates of Brevard, P.A.

Continuation of page 1:

Gregory P. Fairchok  
3300 Windsor Blvd.  
Vero Beach, FL 32963

Thomas R. Foster  
1737 Shore View Drive  
Indialantic, FL 32903

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Mark A. Miller  
580 Crassas Drive  
Indialantic, FL 32903

Mark P. Preston  
665 Sanderling Drive  
Indialantic, FL 32903

Robert K. Purser  
700 N. Wickham Road Suite 203  
Melbourne, FL 32935

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