

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**  
 05-15-2002 90039 026 \*\*\*150.00

**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**

111 E. Hibiscus Blvd

Suite, Apt. #, etc.

**3. Mailing Address**

111 E. Hibiscus Blvd.

Suite, Apt. #, etc.

**City & State**

Melbourne, FL

**City & State**

Melbourne, FL

**Zip**

32901

**Country**

**Zip**

32901

**Country**

**4. FEI Number**

59-1317818

**Applied For**

Not Applicable

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



**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: Joel S. Benveniste  
 Street Address (P.O. Box Number is Not Acceptable)

111 E. Hibiscus Blvd.  
 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 Benveniste, Director

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/02

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

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	V	NAME	Thomas R. Foster	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			1905 Atlantic St # 315	
CITY-ST-ZIP			Melbourne Beach, FL 32951	
TITLE	V	NAME	Mark A. Miller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			580 Grassas Drive	
CITY-ST-ZIP			Indialantic, FL 32903	
TITLE	V	NAME	Mark Preston	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			665 Sanderling Drive	
CITY-ST-ZIP			Indialantic, FL 32903	
TITLE	V	NAME	Robert K. Purser	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			111 E. Hibiscus Blvd	
CITY-ST-ZIP			Melbourne, FL 32901	
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02

Date

(321) 953-2900

Daytime Phone #

CR2E034 (9/01)