

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 603556

1. Entity Name

FLORIDA DIAGNOSTIC IMAGING ASSOCIATES, P.A.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90709 043 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 69
EUSTIS FL 32727

P.O. BOX 69
EUSTIS FL 32727-0069

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

59-1417353

Applied For

Not Applicable

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

HOLTON, R O
2300 KURT ST
EUSTIS FL 32726

Name
Pearlman, Marshall

Street Address (P.O. Box Number is Not Acceptable)
612 South Bay Street

City
Eustis

FL

Zip Code
32726

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

5/1/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP HOLTON, R.O. P.O. BOX 69 ((N/A)) EUSTIS FL 32727	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEARLMAN, MARSHALL P.O. BOX 69 ((N/A)) EUSTIS FL 32727	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COMP WITTENSTEIN, FRED S. P.O. BOX 69 ((N/A)) EUSTIS FL 32727	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SIEGEL, MARK F. P.O. BOX 69 ((N/A)) EUSTIS FL 32727	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HURST, LARRY L. P.O. BOX 69 ((N/A)) EUSTIS FL 32727	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GERSTEN, KENNETH C. P.O. BOX 69 ((N/A)) EUSTIS FL 32727	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FROST, ALAN P.O. BOX 69 (N/A) Eustis, FL 32727	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4VP WITTENSTEIN, FRED P.O. BOX 69 (N/A) Eustis, FL 32727	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SIEGEL, MARC F. P.O. BOX 69 Eustis, FL 32727	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3VP HURST, LARRY L. P.O. box 69 (N/A) Eustis, FL 32727	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GERSTEN, KENNETH C. P.O. BOX 69 Eustis, FL 32727	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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

May 1, 2000 (352) 357-7444

Date

Daytime Phone #

CR2E034 (9/99)