

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 637471

1. Entity Name

RADIOLOGY ASSOCIATES OF VENICE AND ENGLEWOOD, P.

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90094 048 \*\*\*150.00

Principal Place of Business

Mailing Address

512/516 S NOKOMIS AVE  
VENICE FL 34285

512/516 S NOKOMIS AVE  
VENICE FL 34285

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 59-1937565

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

7. Name and Address of New Registered Agent

SAVOCA, CHARLES J  
512 S. NOKOMIS AVENUE  
VENICE FL FL 34285

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 VD ☐ Delete  
NAME FREEMAN, JOHN A JR  
STREET ADDRESS 512-516 S NOKOMIS AVE  
CITY-ST-ZIP VENICE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☐ Delete  
NAME SAVOCA, CHARLES J  
STREET ADDRESS 512-516 S NOKOMIS AVE  
CITY-ST-ZIP VENICE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME BAGA, MEL E.  
STREET ADDRESS 512-516 S NOKOMIS  
CITY-ST-ZIP VENICE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☒ Delete  
NAME KELLY A. DIAMOND  
STREET ADDRESS 516 S. NOKOMIS AVE.  
CITY-ST-ZIP VENICE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME VIHLEN, ERIC M.  
STREET ADDRESS 512-516 S NOKOMIS  
CITY-ST-ZIP VENICE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME EUGENIO ERQUIAGA  
STREET ADDRESS 516 S. NOKOMIS AVE.  
CITY-ST-ZIP VENICE FL

TITLE ☐ Change ☐ 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 full other like empowered.

SIGNATURE:

*Charles J Savoca*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-00 941-488-7781

CR25014-11/11