

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711133

1. Entity Name

THE SOUTH FLORIDA RADIOLOGICAL SOCIETY, INC.

Principal Place of Business

P.O. BOX 640797
NORTH MIAMI FL 33164-7797

Mailing Address

1715 NW 94TH ST
GAINESVILLE FL 32606-5571
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3006068

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RONALD, JOSEPH MD
1715 NW 94TH ST
GAINESVILLE FL 32606

7. Name and Address of New Registered Agent

Name

JOEL FISHMAN MD

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

1715 NW 94TH ST

City

GAINESVILLE, FL

FL

Zip Code

32606

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME JOSEPH, RONALD
STREET ADDRESS PO BOX 640797 N/A
CITY-ST-ZIP N MIAMI BEACH FL 33164 ☐ Delete

TITLE VP
NAME JOEL FISHMAN, M.D.
STREET ADDRESS P.O. BOX 640797 N/A
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE D
NAME REITMAN, LAURENCE
STREET ADDRESS P.O. BOX 640797 N/A
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE ST
NAME SCHENKMAN, RANDY MD
STREET ADDRESS PO BOX 640797
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE D
NAME WHITEMAN, MITCHELL MD
STREET ADDRESS P.O. BOX 640797 N/A
CITY-ST-ZIP MIAMI FL ☒ Delete

TITLE D
NAME ROBINSON, HOWARD
STREET ADDRESS P.O. BOX 640797 N/A
CITY-ST-ZIP MIAMI FL ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D JOSEPH, RONALD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P FISHMAN, JOEL ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE VP SCHENKMAN, RANDY ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST KAPLAN, STUART ☐ Change ☒ Addition
NAME
STREET ADDRESS DO BOX 640797
CITY-ST-ZIP MIAMI, FL 33164-0797

TITLE EXECUTIVE DIRECTOR ☐ Change ☒ Addition
NAME ROGERS, LINDA
STREET ADDRESS 1715 NW 94TH ST
CITY-ST-ZIP GAINESVILLE, FL 32606

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Linda S. Rogers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 20, 2000 8:00 am
Secretary of State

02-22-2000 90052 025 ****61.25



DO NOT WRITE IN THIS SPACE

2/16/2000 888 663-7028