

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2001 8:00 am**  
**Secretary of State**

05-12-2001 90026 010 \*\*\*150.00

**DOCUMENT # F97540**

1. Entity Name

**PEDIATRIC RADIOLOGY ASSOCIATES, P.A.**

Principal Place of Business

Mailing Address

801 6TH ST. SO.  
 SUITE 110  
 ST. PETE FL 33701  
 US

P.O. BOX 1960  
 ST. PETE FL 33731  
 US

2. Principal Place of Business

880 6th Street So.

3. Mailing Address

880 6th Street So.

Suite, Apt. #, etc.

Suite 110

Suite, Apt. #, etc.

Suite 110

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33701

Country

US

Zip

33701

Country

US

4. FEI Number

59-2213057

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

**BARNES, JOHN C M.D.**  
**ONE BAY FRONT COURT**  
**BOX 296**  
**ST. PETERSBURG FL 33731**

Name

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

880 6th Street So.

Suite 110

City

St. Petersburg, FL

FL

Zip Code  
 33701

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
 NAME BARNES, JOHN C. M.D.  
 STREET ADDRESS 880 6TH ST. SOUTH, SUITE 110  
 CITY-ST-ZIP ST. PETERSBURG FL 33701

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VD ☐ Change ☒ Addition  
 NAME Robert P. Nuttall, MD  
 STREET ADDRESS 880 6th Street So. Suite 110  
 CITY-ST-ZIP St. Petersburg, FL 33701

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VD ☐ Change ☒ Addition  
 NAME Richard M. Benator, MD  
 STREET ADDRESS 880 6th Street So. Suite 110  
 CITY-ST-ZIP St. Petersburg, FL 33701

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)