2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F9800000364 Apr 03, 2000 8:00 am Secretary of State 1. Entity Name RADIOLOGY CORPORATION OF AMERICA 04-03-2000 90129 049 ***150.00 Mailing Address Principal Place of Business 7900 GLADES ROAD 7900 GLADES ROAD SUITE 400 SUITE 400 **BOCA RATON FL 33434-4104 BOCA RATON FL 33434** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0805880 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VALDES-FAULI CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 777 SOUTH FLAGLER DR., STE 500E WEST PALM BEACH FL 33401 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CD. ☐ Change ☐ Addition TITLE TITLE ☐ Delete MEYERSON, MONROE R NAME NAME 7900 GLADES RD. STE 400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33434** CITY-ST-ZIP ☐ Addition □ Change ☐ Delete TITLE TITLE MCGEE, ALLEN D NAME NAME 7900 GLADES RD, STE 400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE **BOCA RATON FL 33434** Meder, Donald C C00 TITLE Delete TITLE MADER: DONALD C NAME NAME 7900 GLADES RD, STE 400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33434** CITY-ST-ZIF ☐ Change Addition ☐ Delete TITI F TITLE GARDNER, GREG NAME NAME 7900 GLADES RD, STE 400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33434** ☐ Change Addition TITLE TITLE TOMPKINS, LEONARD M NAME NAME 7900 GLADES RD, STE 400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF **BOCA RATON FL 33434** Delete Change ☐ Addition TITLE TITLE NORSOPH, ELLIS NAME NAME 7900 GLADES RD, STE 400 STREET ADDRESS STREET ADDRESS

13. Thereby certify that the information supplied with this filling 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

CITY-ST-ZIP

SIGNATURE: _

BOCA RATON FL 33434

CITY-ST-ZIP

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