

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K11923

1. Entity Name

BOCA RADIOLOGY ASSOCIATES, INC.

Principal Place of Business

BOCA RADIOLOGY ASSOC. INC.
1590 NW 10TH AVE STE 202
BACA RATON FL 33486

Mailing Address

1515 N. FEDERAL HWY
STE 405
BACA RATON FL 33432-1954

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

65-0022405

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

MATTUN, FRED W

MATTUN & MCCLOSKEY
2300 GLADES RD STE 400
BOCA RATON FL 33321

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	CEO						
	HALIM, SSAM	1515 N. FEDERAL HWY #405	BOCA RATON FL 33432				
	VP						
	GALBATO, JOANNE	1515 N. FEDERAL HWY. #405	BOCA RATON FL				
	VPP						
	RICHMOND, BRIAN	1515 N. FEDERAL HWY #405	BOCA RATON FL				
	VPOO						
	KLEIN, SETH	1515 N. FEDERAL HWY #405	BOCA RATON FL 33432				

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00

Date

Daytime Phone #

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90009 015 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)