

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

0374566 AV

DOCUMENT # L10037

1. Entity Name
RADIOLOGY ASSOCIATES OF THE PALM BEACHES, P.A.



04-10-2003 90064 044 ***150.00

Principal Place of Business
% KIRK FRIEDLAND
501 S FLAGLER DR #505
WEST PALM BEACH FL 33401

Mailing Address
% KIRK FRIEDLAND
501 S FLAGLER DR #505
WEST PALM BEACH FL 33401



2. Principal Place of Business
c/o Kirk Friedland

3. Mailing Address
c/o Kirk Friedland

Suite, Apt. #, etc.

505 S. Flagler Dr., #1330

Suite, Apt. #, etc.

505 S. Flagler Dr., #1330

City & State

W. Palm Beach, FL

City & State

W. Palm Beach, FL

Zip

33401

Country

Zip

33401

Country

4. FEI Number **65-0129430**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

FRIEDLAND, KIRK
501 S FLAGLER DR 505 S. Flagler Dr., #1330
SUITE 505-
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BUTLER, HOWARD, M.D. 5301 S CONGRESS AVE ATLANTIS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOYLE, THOMAS P 5301 SOUTH CONGRESS AVE ATLANTIS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STANTON, WILLIAM 5301 SOUTH CONGRESS AVE ATLANTIS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D Howard Butler, M.D. 5301 S. Congress Ave. Atlantis, FL 33462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V D Thomas P. Boyle, M.D. 5301 S. Congress Ave. Atlantis, FL 33462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V D William Stanton, M.D. 5301 S. Congress Ave. Atlantis, FL 33462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S D Santiago Hernandez, M.D. 5301 S. Congress Ave. Atlantis, FL 33462	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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:

HOWARD BUTLER, M.D.
SIGNATURE AND TYPE PERSON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-655-8200

CR2E034 (10/02)