

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90020 020 ***150.00

DOCUMENT # L70125

1. Entity Name

PALMS WEST IMAGING, INC.

Principal Place of Business

13005 STATE ROAD 80
SUITE 225
LOXAHATCHEE FL 33470
US

Mailing Address

13005 STATE ROAD 80
SUITE 225
LOXAHATCHEE FL 33470-9272
US

608981



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

11337 Okeechobee Blvd.

Suite, Apt. #, etc.

11337 Okeechobee Blvd.

City & State

Royal Palm Beach, FL

City & State

Royal Palm Beach, FL

4. FEI Number

65-0197524

Applied For
Not Applicable

Zip

33411

Country

USA

Zip

33411

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MENKHAUS, DAVID J. EXQUI
4800 N. FEDERAL HWY
210 A
BOCA RATON FL 33431

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.

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

TITLE **D** ☐ Delete
NAME **DEWAR, DONALD B. M.D.**
STREET ADDRESS **13005 SR 80, #225**
CITY-ST-ZIP **LOXAHATCHEE FL**

TITLE **D** ☐ Delete
NAME **PELAEZ, JUAN CARLOS M.D.**
STREET ADDRESS **13005 SR 80, #225**
CITY-ST-ZIP **LOXAHATCHEE FL**

TITLE **D** ☐ Delete
NAME **BANE, DONALD B. M.D.**
STREET ADDRESS **13005 SR 80, #225**
CITY-ST-ZIP **LOXAHATCHEE FL**

TITLE **D** ☐ Delete
NAME **HUBER, JONATHAN S. M.D.**
STREET ADDRESS **13005 SR 80, #225**
CITY-ST-ZIP **LOXAHATCHEE FL**

TITLE **D** ☐ Delete
NAME **BAUMEL, ERIC MD**
STREET ADDRESS **13005 S.R. 80, #225**
CITY-ST-ZIP **LOXAHATCHEE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **11337 Okeechobee Blvd.**
CITY-ST-ZIP **Royal Palm Beach, FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **11337 Okeechobee Blvd.**
CITY-ST-ZIP **Royal Palm Beach, FL**

TITLE ☒ Change ☐ Addition
NAME
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CITY-ST-ZIP **Royal Palm Beach, FL**

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TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **11337 Okeechobee Blvd.**
CITY-ST-ZIP **Royal Palm Beach, FL**

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

Jonathan Huber, M.D. 1/18/00
V.P.

Date

561 795 5558
Daytime Phone #