

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91297 007 \*\*\*150.00

0387353 AV

**DOCUMENT # L70125**

1. Entity Name

**PALMS WEST IMAGING, INC.**



Principal Place of Business

**11337 OKEECHOBEE BLVD  
WEST PALM BEACH FL 33411  
US**

Mailing Address

**11337 OKEECHOBEE BLVD  
SUITE 225  
WEST PALM BEACH FL 33411  
US**

2. Principal Place of Business

3. Mailing Address

**11337 Okeechobee Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**West Palm Beach, FL**

Zip

Country

Zip

Country

**33411**

**USA**

4. FEI Number

**65-0197524**

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

**CONROY, KELLY**

**11337 OKEECHOBEE BLVD  
210 A  
ROYAL PALM BEACH FL 33411**

7. Name and Address of New Registered Agent

Name

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

**12798 W. Forest Hill Blvd.**

**Suite 301A**

City

**Wellington**

FL

Zip Code

**33414**

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 *Kelly A. Conroy* **KELLY A. CONROY**

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/25/03**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DEWAR, DONALD B. M.D.</b> <b>11337 OKEECHOBEE BLVD</b> <b>ROYAL PALM BEACH FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HUBER, JONATHAN S. M.D.</b> <b>11337 OKEECHOBEE BLVD</b> <b>ROYAL PALM BEACH FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BAUMEL, ERIC MD</b> <b>11337 OKEECHOBEE BLVD</b> <b>ROYAL PALM BEACH FL</b>	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **ERIC BAUMEL** **4/22/03** **561-795-5558**

Date

Daytime Phone #

CR2E034 (10/02)