

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M95761

1. Entity Name

R & R DIAGNOSTIC ASSOCIATES, P.A.

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90163 003 ***150.00

Principal Place of Business

356 GOLFVIEW ROAD
1103
NORTH PALM BEACH FL 33408

Mailing Address

356 GOLFVIEW ROAD
1103
NORTH PALM BEACH FL 33408

00010040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0078363

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BERROCAL, CARLOS J ESQ
801 MAPLEWOOD DRIVE
22-A
JUPITER FL 33458

Name

JEFFREY S. HILLMANN

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

356 GOLFVIEW RD # 1103

City

N. Palm Beach

FL

Zip Code

33408

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]

JEFFREY S. HILLMANN

2/3/00

(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	D	<input type="checkbox"/> Delete
NAME	HILLMANN, JEFFREY S MD	
STREET ADDRESS	356 GOLFVIEW ROAD	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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]

JEFFREY S. HILLMANN

Date

2/3/00

Daytime Phone #

798-8514

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20034 (0/00)