

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 14, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # M95761**1. Entity Name  
R & R DIAGNOSTIC ASSOCIATES, P.A.

## Principal Place of Business

356 GOLFVIEW ROAD  
1103  
NORTH PALM BEACH  
33408

FL

## Mailing Address

356 GOLFVIEW ROAD  
1103  
NORTH PALM BEACH  
33408

FL

## 2. Principal Place of Business

10101 FOREST HILL BLVD.

## 3. Mailing Address

356 GOLFVIEW ROAD

Suite, Apt. #, etc.  
1103

Suite, Apt. #, etc.

## City &amp; State

WELLINGTON

FL

## City &amp; State

NORTH PALM BEACH

FL

## Zip

33414

## Country

US

## Zip

33408

## Country

US

## 4. FEI Number

65-0078363

## Applied For

Not Applicable

## 5. Certificate of Status Desired

☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

HILLMAN JEFFREY S  
356 GOLFVIEW RD  
# 1103  
NORTH PALM BEACH  
33408

FL

US

## 7. Name and Address of New Registered Agent

## Name

HILLMANN JEFFREY S

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

356 GOLFVIEW RD

# 1103

City  
NORTH 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 **JEFFREY S. HILLMANN**

01/14/2001

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, 2001 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 HILLMANN JEFFREY SMD  
STREET ADDRESS 356 GOLFVIEW ROAD  
CITY-ST-ZIP NORTH PALM BEACH FL 33408TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME HILLMANN JEFFREY SMD  
STREET ADDRESS 356 GOLFVIEW ROAD  
CITY-ST-ZIP NORTH PALM BEACH FL 33408TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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: **Jeffrey S. Hillmann**

P

01/14/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)