

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90074 048 ***150.00

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DOCUMENT # M95761

1. Entity Name
WELLINGTON RADIOLOGY ASSOCIATES, P.A.

Principal Place of Business
10101 FOREST HILL BLVD.
WELLINGTON FL 33414
US

Mailing Address
356 GOLFVIEW ROAD
1103
NORTH PALM BEACH FL 33408
US

505603



2. Principal Place of Business

3. Mailing Address

18990 SE COUNTY LINE RD
 Suite, Apt. #, etc.

18990 SE COUNTY LINE RD
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

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

HILLMANN, JEFFREY S
356 GOLFVIEW RD
1103
NORTH PALM BEACH FL 33408

Name

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

18990 SE COUNTY LINE RD

City

TEQUESTA

FL

Zip Code

33469

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]

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, 2002 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 **P** ☐ Delete
NAME **HILLMANN, JEFFREY S MD**
STREET ADDRESS **356 GOLFVIEW ROAD**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE ☒ Change ☐ Addition
NAME **18990 SE COUNTY LINE RD**
STREET ADDRESS **TEQUESTA, FL**
CITY-ST-ZIP **33469**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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 REQUIRED
[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)