

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11706

1. Entity Name

B.R.C.H. IMAGING, INC.

FILED

Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90097 023 ****61.25

Principal Place of Business

Mailing Address

% BOCA RATON COMMUNITY HOSPITAL, INC.
800 MEADOWS RD
BOCA RATON FL 33486

% BOCA RATON COMMUNITY HOSPITAL, INC.
800 MEADOWS RD
BOCA RATON FL 33486

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2665563

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

~~MCGIBANY, SUSIE~~
% BOCA RATON COMMUNITY HOSPITAL, INC.
800 MEADOWS RD
BOCA RATON FL 33486

Name **PHILIP M. SPRINKLE, II, ESQ.**
Street Address (P.O. Box Number is Not Acceptable)
BOCA RATON COMMUNITY HOSPITAL, INC.
800 MEADOWS ROAD
City **BOCA RATON** FL Zip Code **33486**

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME **VT**
STREET ADDRESS **MCGIBANY, SUSIE**
CITY-ST-ZIP **745 MEADOWS RD**
BOCA RATON FL 33486

TITLE
NAME **MATTHEW A. MOORE**
STREET ADDRESS
CITY-ST-ZIP **745 MEADOWS RD.**
BOCA RATON, FL 33486

TITLE
NAME **CD**
STREET ADDRESS **ASSAF, RONALD**
CITY-ST-ZIP **745 MEADOWS ROAD**
BOCA RATON FL 33486

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **PD**
STREET ADDRESS **PIERCE, RANDY**
CITY-ST-ZIP **745 MEADOWS ROAD**
BOCA RATON FL 33486

TITLE
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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 617, 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

1-11-01 (561) 395-7100

Date Daytime Phone #

CR2E037 (10/00)