

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001887

1. Entity Name

PALM BEACH COUNTY RADIOLOGICAL SOCIETY, INC.

Principal Place of Business

Mailing Address

111 WATER BRIDGE LN
JUPITER FL 33458
US

111 WATER BRIDGE LN
JUPITER FL 33458
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0579312**

Applied For
Not Applicable

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

BRUCE RODAN, MD
111 WATER BRIDGE
JUPITER FL 33458

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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
After September 12, 2001, min. will be \$236.25

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
STREET ADDRESS
CITY-ST-ZIP
D
SPUNBERG, JEROME J M.D.
171 COMMODORE DR
JUPITER FL 33477 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BAUMEL, ERIC M.D.
14791 FARRIER PL
WELLINGTON FL ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KIRCHAKR, THOMAS M.D.
13005 STATE ROAD 80
LOXAHATCHEE FL 33470 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KILCHNER, THOMAS, MD
10101 FOREST HILL BLVD
WEST PALM BEACH, FL 33414 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RODAN, BRUCE M.D.
111 WATERBRIDGE LN
JUPITER FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HALS, MICHAEL MD
21644 STATE RD 7
BOLTA RATON, FL 33428 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

7/30/01

561 741 3047

FILED
Aug 06, 2001 8:00 am
Secretary of State

01-31-2001 90066 047 ****61.25
08-06-2001 90074 032 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)