

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 09, 2004 08:00 AM
Secretary of State**

DOCUMENT # N95000001887

1. Entity Name
PALM BEACH COUNTY RADIOLOGICAL SOCIETY, INC.



Principal Place of Business
**111 WATER BRIDGE LN
JUPITER, FL 33458 US**

Mailing Address
**111 WATER BRIDGE LN
JUPITER, FL 33458 US**

DO NOT WRITE IN THIS SPACE



02022004 No Chg-NP CR2E037 (10/03)

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

**BRUCE RODAN, MD
111 WATER BRIDGE
JUPITER, FL 33458**

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
YOUNG, BRIAN
875 MILITARY TRAIL
JUPITER, FL 33458**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**ST
RODAN, BRUCE M.D.
111 WATERBRIDGE LN
JUPITER, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VPD
GRIMM, ERIK
10101 FOREST HILL BLVD
WEST PALM BEACH, FL 33414**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000043049
02/10/04-80050-005 61.25

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IN THIS SPACE**

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

Date

Daytime Phone #