

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005518

1. Entity Name

MEDICAL CENTER RADIOLOGY GROUP EDUCATION AND PHI

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90047 015 ****61.25

Principal Place of Business

20 W. KALEY ST.
 ORLANDO FL 32806

Mailing Address

20 W. KALEY ST.
 ORLANDO FL 32806

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3474420

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

RIVERO, HEDRICK J
 20 W. KALEY ST.
 ORLANDO FL 32806

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 13, 2000 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 DP ☐ Delete
 NAME RIVERO, HEDRICK J
 STREET ADDRESS 20 W. KALEY ST.
 CITY-ST-ZIP ORLANDO FL 32806

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

TITLE DV ☐ Delete
 NAME CHIN, WEI-SHEN
 STREET ADDRESS 20 W. KALEY ST.
 CITY-ST-ZIP ORLANDO FL 32806

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

TITLE DT ☐ Delete
 NAME HARDING, DAVID R
 STREET ADDRESS 20 W. KALEY ST.
 CITY-ST-ZIP ORLANDO FL 32806

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

TITLE DS ☐ Delete
 NAME GREENBAUM, LENNARD D
 STREET ADDRESS 20 W. KALEY ST.
 CITY-ST-ZIP ORLANDO FL 32806

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

TITLE D ☒ Delete
 NAME ELISCU, EDWARD H
 STREET ADDRESS 20 W. KALEY ST.
 CITY-ST-ZIP ORLANDO FL 32806

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

TITLE D ☐ Delete
 NAME CLAYMAN, ALLAN S
 STREET ADDRESS 20 W. KALEY ST.
 CITY-ST-ZIP ORLANDO FL 32806

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

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)