

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005518

1. Entity Name

MEDICAL CENTER RADIOLOGY GROUP EDUCATION AND PHI

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

Zip

Country

Zip

Country

4. FEI Number

59-3474420

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name Joseph G. Andriole, M.D.

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

20 W. KALEY ST.

City Orlando

FL

Zip Code 32806

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 STREET ADDRESS CITY-ST-ZIP	DP RIVERO, HEDRICK J 20 W. KALEY ST. ORLANDO FL 32806	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CHIN, WEI-SHEN 20 W. KALEY ST. ORLANDO FL 32806	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HARDING, DAVID R 20 W. KALEY ST. ORLANDO FL 32806	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GREENBAUM, LENNARD D 20 W. KALEY ST. ORLANDO FL 32806	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAYMAN, ALLAN S 20 W. KALEY ST. ORLANDO FL 32806	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Andriole, Joseph 20 W. KALEY ST. Orlando, FL 32806	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Allan Clayman M.D.

Date

Daytime Phone #

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90169 007 ****61.25

818145



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)