

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90089 003 ****61.25

DOCUMENT # N97000005518

1. Entity Name

MEDICAL CENTER RADIOLOGY GROUP EDUCATION AND PHI LANTHROPIC FOUNDATION, INC.

Principal Place of Business

Mailing Address

**20 W. KALEY ST.
 ORLANDO FL 32806**

**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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANDRIOLE, JOSEPH G M.D.
 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

Joseph G. Andriole

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(j), 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 (9/01)