2001 UNIFORM BUSINESS REPORT (UBR)

(AMENDED)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC -3 AM 11:46

DOCUMENT # P00000012249

1. Entity Name
RADIOLOGY ASSOCIATES OF MIAMI BEACH, P. A.

Principal Place of Business	Mailing Address
c/o Manuel Viamonte, M.D. 4300 Alton Road, Dept. of Radiology Miami Beach, FL 33140	c/o Manuel Viamonte, M.D. 4300 Alton Road, Dept. of Radiology Miami Beach, FL 33140

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0994853 — 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
Alberto Barough 9260 S.W. 72nd Street, Suite 206 Miami, Florida 33173	Name Street Address (P.O. Box Number is Not Acceptable) 700004721227--2 -12/12/01--01080--005 City *****61.25 FL Zip *****61.25

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director-President ☐ Delete Manuel Viamonte Jr., MD 4300 Alton Road, Mt. Sinai Hospital Miami Beach, FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director-Chairman ☒ Change ☐ Addition Viamonte, Manuel, Jr., M.D. 4300 Alton Road, Mt. Sinai Hospital Miami Beach, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director-Treasurer ☐ Delete Sheldon Roen, M.D. 4300 Alton Road, Mt. Sinai Hospital Miami Beach, FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director ☒ Change ☐ Addition Roen, Sheldon, M.D. 4300 Alton Road, Mt. Sinai Hospital Miami Beach, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director-Secretary ☐ Delete Susan Weisberg, M.D. 4300 Alton Road, Mt. Sinai Hospital Miami Beach, FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director-President-Treasurer ☐ Change ☒ Addition Zusmer, Noel, M.D. 4300 Alton Road, Mt. Sinai Hospital Miami Beach, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director ☐ Change ☒ Addition Sheldon, Jerome, M.D. 4300 Alton Road, Mt. Sinai Hospital Miami Beach, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director ☐ Change ☒ Addition Drexler, Alan, M.D. 4300 Alton Road, Mt. Sinai Hospital Miami Beach, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director ☐ Change ☒ Addition Smoak, William, M.D. 4300 Alton Road, Mt. Sinai Hospital Miami Beach, Florida 33140

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Noel R. Zusmer, MD

CR2E034 (11/00)