5/20/2002-90110-014 $150.00-$150.00

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
02 AUG -8 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DO NOT WRITE IN THIS SPACE

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 65-0994853 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAROUH, ALBERTO
9260 SW 72ND STREET
SUITE 206
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name: X ARTHUR S. UNGER
Street Address (P.O. Box Number is Not Acceptable): 1001 BRICKELL BAY DR. #1400
City: MIAMI, FLA. FL Zip Code: 33131

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: ARTHUR S. UNGER CPA 6-4-02
Signature, type 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, 2002 Fee will be $550.00
Make 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	DP VIAMONTE JR., MANUEL MD. 4300 ALTON ROAD, MT SINAI HOSPITAL MIAMI FL 33140 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director / President ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT ROEN, SHELDON MD 4300 ALTON ROAD, MT SINAI HOSPITAL MIAMI FL 33140 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	I ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS WEISBERG, SUSAN MD 4300 ALTON ROAD, MT SINAI HOSPITAL MIAMI FL 33140 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director / Secretary ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR / TREASURER ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ZUSMER, NOEL MD 4300 ALTON ROAD, MT SINAI HOSPITAL MIAMI BEACH, FL 33140 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E004 (9/01)

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: /s/ Noel Zusmer MD 4/26/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #