

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90095 048 ***150.00

DOCUMENT # P00000012249

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



Principal Place of Business
**C/O MANUEL VIAMONTE, M.D.
4300 ALTON ROAD, DEPT. OF RADIOLOGY
MIAMI BEACH FL 33140**

Mailing Address
**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

4. FEI Number **65-0994853**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**UNGER, ARTHUR
1001 BRICKELL BAY DR #1400
MIAMI FL 33131**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	VIAMONTE, MANUEL JR, MD	4300 ALTON ROAD, MT SINAI HOSPITAL	MIAMI FL 33140	<input type="checkbox"/>
DS	WEISBERG, SUSAN MD	4300 ALTON ROAD, MT SINAI HOSPITAL	MIAMI FL 33140	<input type="checkbox"/>
DT	ZUSMER, NOEL MD	4300 ALTON ROAD, MT SINAI HOSPITAL	MIAMI BEACH FL 33140	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Director	William Smoak MD	4300 Alton Road	Miami Beach FL 33140	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	JEROME Shelton MD	4300 Alton Road	Miami Beach FL 33140	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Alan Drexler MD	4300 Alton Road	Miami Beach FL 33140	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 607, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/21/03

Date

(305) 674 2684

Daytime Phone #

CR2E034 (10/02)