

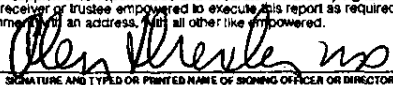
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2003 AMENDED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000012249			
1. Entity Name RADIOLOGY ASSOCIATES OF MIAMI BEACH, P.A.			
Principal Place of Business C/O MANUEL VAMONTE, M.D. 4300 ALTON ROAD, DEPT. OF RADIOLOGY MIAMI BEACH, FL 33140		Mailing Address C/O MANUEL VAMONTE, M.D. 4300 ALTON ROAD, DEPT. OF RADIOLOGY MIAMI BEACH, FL 33140	
2. Principal Place of Business c/o Alan Drexler, M.D.		3. Mailing Address c/o Alan Drexler, M.D.	
4300 Alton Road, Dept of Radiology 4300 Alton Rd., Dept of Radiology			
City & State Miami Beach, FL		City & State Miami Beach, FL	
Zip 33140	Country USA	Zip 33140	Country USA
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 UNGER, ARTHUR 1001 BRICKELL BAY DR #1400 MIAMI, FL 33131		7. Name and Address of New Registered Agent 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		DATE 10/13/03--010008--002 **\$1.25	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$650.00 Amended UBR is \$81.25 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	DP VAMONTE, MANUEL JR, MD 4300 ALTON ROAD, MT SINAI HOSPITAL MIAMI, FL 33140 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Esseman, Lisa, M.D. 4300 Alton Road, Mt. Sinai Hospital Miami Beach, FL 33149 ☐ 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 Odzer, Shari-Lynn, M.D. 4300 Alton Road, Mt. Sinai Hospital Miami Beach, FL 33140 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ZUSMER, NOEL MD 4300 ALTON ROAD, MT SINAI HOSPITAL MIAMI BEACH, FL 33140 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Santini, Roberta, M.D. 4300 Alton Road, Mt. Sinai Hospital Miami Beach, FL 33140 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNIDAU, WILLIAM MD 4300 ALTON RD. MIAMI BEACH, FL 33140 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Casal, German, M.D. 4300 Alton Road, Mt. Sinai Hospital Miami Beach, FL 33140 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHELTON, JEROME MD 4300 ALTON RD. MIAMI BEACH, FL 33140 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DREXLER, ALAN MD 1300 ALTON RD. MIAMI BEACH, FL 33140 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ch/P/Dir Drexler, Alan, M.D. 1300 Alton Road, Miami Beach, FL 33140 ☒ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 to an address, with all other like empowered.			
SIGNATURE: 		10/3/03 705-674-2680	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	