

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90031 003 \*\*\*150.00

**DOCUMENT # P00000033933**

1. Entity Name

**ADVANCED DIAGNOSTIC IMAGING OF PALM BEACH GARDEN**

Principal Place of Business

2161 PALM BEACH LAKES BLVD., SUITE 304  
W. PALM BCH FL 33409

Mailing Address

2161 PALM BEACH LAKES BLVD., SUITE 304  
W. PALM BCH FL 33409

2. Principal Place of Business

*11 Sheldrake Lane*

3. Mailing Address

*11 Sheldrake Ln*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Palm Beach Gardens FL*

City & State

*Palm Beach Gardens FL*

Zip

*33418*

Country

*USA*

Zip

*33418*

Country

*USA*

4. FEI Number

*65-1006776*

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

TANNENBAUM, MICHAEL D  
2161 PALM BEACH LAKES BLVD., SUITE 304  
W. PALM BCH FL 33409

Name

*Robert*

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*1/14/2000*

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**  
**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 ☐ Delete  
NAME *President*  
STREET ADDRESS *Robert D Burk MD*  
CITY-ST-ZIP *11 Sheldrake Ln Palm Beach Gardens FL 33418*

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Robert D Burk MD*

*Robert D Burk MD*

Date

Daytime Phone #

*11/08/01 541 687 3001*

CR2E034 (10/00)