

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000059709

1. Entity Name

RIS IMAGING CENTERS, INC.

Principal Place of Business

2120 LAKELAND HILLS BLVD.
LAKELAND FL 33805

Mailing Address

P.O. BOX 90609
LAKELAND FL 33804-0609

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

59-3651630

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

BERTRAND, ROBERT J
ONE LAKE MORTON DR.
LAKELAND FL 33801

Name

LARRY M. DIETRICH

Street Address (P.O. Box Number is Not Acceptable)

2120 LAKELAND HILLS BLVD.

City

LAKELAND

FL

Zip Code
33805

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)

03/26/01

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
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	D GOODNIGHT, THOMAS M M.D. 2120 LAKELAND HILLS BLVD. LAKELAND FL 33805	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PETRUSCHAK, MICHAEL J M.D. 2120 LAKELAND HILLS BLVD. LAKELAND FL 33805	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FARGHER, JOHN T M.D. 2120 LAKELAND HILLS BLVD. LAKELAND FL 33805	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DIETRICH, LARRY M M.D. 2120 LAKELAND HILLS BLVD. LAKELAND FL 33805	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARRIAGE, ROBERT R M.D. 2120 LAKELAND HILLS BLVD. LAKELAND FL 33805	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARNES, BRADLEY P 2120 LAKELAND HILLS BLVD. LAKELAND FL 33805	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Larry M. Dietrich

LARRY M. DIETRICH

03/26/01

863-688-2334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90073 037 ***150.00

735849



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

#PO0000059700
735849

2001 Uniform Business Report

Officers

Title AVPD
Name Goodnight, Thomas M MD
Street Address 2120 Lakeland Hills Blvd.
City-ST-Zip Lakeland, FL 33805

Title AVPD
Name Fargher, John T MD
Street Address 2120 Lakeland Hills Blvd.
City-ST-Zip Lakeland, FL 33805

Title AVPD
Name ~~Petruschak, Michael J Jr. MD~~
Street Address 2120 Lakeland Hills Blvd.
City-ST-Zip Lakeland, FL 33805

Title PD
Name Dietrich, Larry M MD
Street Address 2120 Lakeland Hills Blvd.
City-ST-Zip Lakeland, FL 33805

Title VPD
Name Harriage, Robert R MD
Street Address 2120 Lakeland Hills Blvd.
City-ST-Zip Lakeland, FL 33805

Title AVPD
Name Barnes, Bradley P MD
Street Address 2120 Lakeland Hills Blvd.
City-ST-Zip Lakeland, FL 33805

Title SD
Name Luebbert, Phillip D MD
Street Address 2120 Lakeland Hills Blvd.
City-ST-Zip Lakeland, FL 33805

Title AVPD
Name Henricks, Bret D MD
Street Address 2120 Lakeland Hills Blvd.
City-ST-Zip Lakeland, FL 33805

Title TD
Name Esposito, Michael B MD
Street Address 2120 Lakeland Hills Blvd.
City-ST-Zip Lakeland, FL 33805