

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2002 8:00 am
Secretary of State

07-11-2002 90245 042 ***150.00

07120003



DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000009006
1. Entity Name
 ROSE RADIOLOGY CENTERS, INC.

Principal Place of Business **Mailing Address**
 13575-58TH STREET NORTH SUITE 121 PO BOX 20047
 CLEARWATER FL 33760 ST PETERSBURG FL 33742

2. Principal Place of Business **3. Mailing Address**
 1433 Woodlands Parkway Suite, Apt. #, etc.

City & State **City & State**
 Palm Harbor, Florida Suite, Apt. #, etc.
Zip **Country** **Zip** **Country**
 34685 USA

4. FEI Number **Applied For**
 59-3698438 ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
 RUGG, JOSEPH W.N.
 100 SOUTH ASHLEY DRIVE SUITE 1500
 TAMPA FL 33602

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 _____ (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. ☐ **FILE NOW!!! FEE IS \$550.00**
 (See criteria on back) **After September 13, 2002 Fee will be \$750.00**
Make Check Payable to Department of State

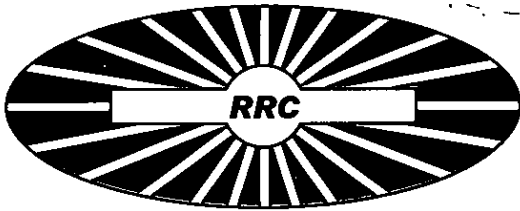
10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	NAME ROSE, MANUEL S	TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Manuel S Rose
STREET ADDRESS 13575-58TH STREET NORTH SUITE 121		STREET ADDRESS 1433 Woodlands Parkway	
CITY-ST-ZIP CLEARWATER FL 33760		CITY-ST-ZIP Palm Harbor, Florida 34685	
TITLE D <input type="checkbox"/> Delete	NAME ROSE, SUSAN J	TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Susan Rose
STREET ADDRESS 13575-58TH STREET NORTH SUITE 121		STREET ADDRESS 1433 Woodlands Parkway	
CITY-ST-ZIP CLEARWATER FL 33760		CITY-ST-ZIP Palm Harbor, Florida 34685	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **727-781-3888**
 Date Daytime Phone #

CR2E034 (4/02)



Rose Radiology Centers, Inc.

"Physicians Dedicated To Patient Care"

*Attachment
01000009006*
THE IMAGING CENTER 50128809
AT BOOT RANCH

Home of Florida's 1st Stand-Up, "High-Field," Open MRI

Manuel S. Rose, M.D., Medical Director
Diplomate, American Board of Radiology

July 10, 2002

Division of Corporations
Uniform Business Report Filings
P O Box 1500
Tallahassee, Florida 32302-1500

To whom it may concern:

We had changed our address on December 26th 2001 and this is the first notice we have received from your office. A member of your staff has advised us that we should only pay \$150.00 because of the form never being forwarded. Please accept our check for \$150.00 and the enclosed corrected UBR.

Sincerely,

Manuel Rose, M.D.
Owner, Rose Radiology Centers, Inc.

Stand-Up, "High Field"; Open MRI, Spiral CT, X-Ray, Ultrasound, Pain Management and Intervention

4133 Woodlands Parkway, Palm Harbor, Florida 34685
(727) 781-3888 • Toll Free 1-877-788-OPEN (6736) • Fax (727) 781-3881

www.RoseRadiology.com