

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-24-2003 90061 042 ***150.00

DOCUMENT # P01000012275

1. Entity Name
RADIOLOGY ASSOCIATES OF HOLLYWOOD, P.A.



Principal Place of Business
**9050 PINES BLVD SUITE 200
PEMBROKE PINES FL 33024**

Mailing Address
**9050 PINES BLVD SUITE 200
PEMBROKE PINES FL 33024**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1075205**

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

**LAPIDUS, STEVEN B
1221 BRICKELL AVENUE 21ST FLOOR
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 _____ (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 **PD** ☒ Delete
NAME **DAVID, EPSTEIN A MD**
STREET ADDRESS **9050 PINES BLVD STE 200**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

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

TITLE **VD** ☐ Delete
NAME **MARK, SCHWIMMER MD**
STREET ADDRESS **9050 PINES BLVD STE 200**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

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

TITLE **STD** ☐ Delete
NAME **MICHAEL, ROBERTS C MD**
STREET ADDRESS **9050 PINES BLVD STE 200**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE ☒ Change ☐ Addition
NAME **President Michael C. Roberts, MD**
STREET ADDRESS **9050 Pines Blvd. Ste 200**
CITY-ST-ZIP **Pembroke Pines, FL 33024**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Secretary/Treasurer Jonathan Shapir, MD**
STREET ADDRESS **9050 Pines Blvd Ste 200**
CITY-ST-ZIP **Pembroke Pines, FL 33024**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03

Date

954 437-4800

Daytime Phone #

CR2E034 (10/02)