2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2002 8:00 am
Secretary of State
08-18-2002 90128 049 ***558.75

DOCUMENT # P01000043357

1. Entity Name
RADIOLOGY DOCTORS, P.A.

Principal Place of Business
C/O STEVEN A. FERZOCO. M.D.
13404 GOLF CREST WAY
TAMPA FL 33624

Mailing Address
C/O STEVEN A. FERZOCO. M.D.
13404 GOLF CREST WAY
TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
New Port Richey Community Hospital
Suite, Apt. #, etc.
5622 Marine Parkway
City & State
New Port Richey, FL
Zip 34652 Country USA

3. Mailing Address
Suite, Apt. #, etc.
P.O. Box 127
City & State
Elfers, FL
Zip 34680 Country USA

4. FEI Number 59-3715296 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WARRILOW, ARTHUR G
14209 ASHBURN PLACE
TAMPA FL 33624

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 [signature] Joseph S. Parise, MD Sec-Treas. 8-12-02
Signature, typed or printed name of registered agent and title if applicable. (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. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After September 13, 2002 Fee will be $750.00
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 FERZOCO, STEVEN A M.D. 13404 GOLF CREST WAY TAMPA FL 33624 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARAT, GUY R M.D. 13404 GOLF CREST WAY TAMPA FL 33624 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P Barat, Guy R., MD 100 Stanton Circle Oldsmar, FL 34677 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARISE, JOSEPH S M.D. 13404 GOLF CREST WAY TAMPA FL 33624 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, VP, S, T Parise, Joseph S., MD 1033 Royal Birkdale Dr Tarpon Springs, FL 34688 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] Sec-Treas. 8-12-02 (727) 884-5915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)