

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 16, 2002 8:00 am**  
**Secretary of State**

09-16-2002 90104 011 \*\*\*550.00

**DOCUMENT # P01000045144**

1. Entity Name  
**TERRI NOE, M.D., RADIOLOGY P.A.**

Principal Place of Business

**420 WEST 44TH STREET  
 MIAMI BEACH FL 33140**

Mailing Address

**420 WEST 44TH STREET  
 MIAMI BEACH FL 33140**

2. Principal Place of Business

**19030 North Bay Road**

Suite, Apt. #, etc.

3. Mailing Address

**19030 North Bay Road**

Suite, Apt. #, etc.

City & State

**Sunny Isles Beach, FL**

Zip

**33160**

Country

City & State

**Sunny Isles Beach, FL**

Zip

**33160**

Country

4. FEI Number

**65-1104065**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**AMERICAN INFORMATION SERVICES, INC.  
 ONE SE 3RD AVENUE 28TH FLOOR  
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

**Arthur Unger, CPA**

Street Address (P.O. Box Numbers Not Acceptable)

**1001 Brickell Bay Drive**

**Suite 1400**

City

**Miami**

**FL**

Zip Code

**33162**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**9/12/02**

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

TITLE **D** ☐ Delete  
 NAME **NOE, TERRI MD**  
 STREET ADDRESS **420 WEST 44TH STREET**  
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Director** ☒ Change ☐ Addition  
 NAME **NOE, TERRI MD**  
 STREET ADDRESS **19030 North Bay Road**  
 CITY-ST-ZIP **Sunny Isles Beach, FL 33160**

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

TITLE ☐ Change ☐ Addition  
 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)(l), 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/12/02**

Daytime Phone #

CR2E034 (4/02)