

Rx Date/Time MAY-31-2002(FRI) 15:58 30
 05/31/2002 16:06 3059325331 MT SINA:

FILED
Jun 19, 2002 8:00 am
Secretary of State
 05-15-2002 90105 049 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000049317
 1. Entity Name ROBERTA SANTINI MD RADIOLOGY P.A.

35961

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2820 N. Atlantic Blvd
 Suite, Apt. #, etc.
 City & State FT. LAUDERDALE, FL
 Zip 33308 Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

DO NOT WRITE IN THIS SPACE
 4. FEI Number 65-1109700 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
 Name ARTHUR S. UNGER
 Street Address (P.O. Box Number is Not Acceptable) 1001 BRICELL BAY DRIVE Suite 100
 City Miami FL Zip Code 33131

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] ARTHUR S. UNGER 5/31/02
Signature of agent 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. January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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 NAME STREET ADDRESS CITY - ST - ZIP	<u>PRESIDENT ROBERTA SANTINI 2820 N. ATLANTIC BLVD. FT. LAUDERDALE, FL 33308</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address, with all other like empowered.
 SIGNATURE: X [Signature] ROBERTA SANTINI X 4-25-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR26034B (12/01)