

FILED
May 29, 2003 8:00 am
Secretary of State

04-28-2003 91844 005 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

4/28

DOCUMENT # PO1000049317
1. Entity Name ROBERTA SANTINI M.D., RADIOLOGY P.A.

DO NOT WRITE IN THIS SPACE

55044617

2. Principal Place of Business 2020 N. ATLANTIC BLVD.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State FT. LAUDERDALE, FL	City & State
Zip 33308	Country USA

4. FEI Number 05-1109700	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name American-Information Services, Inc.	
Street Address (P.O. Box Number is Not Acceptable) ONE SOUTHEAST 3RD AVE - 20th Floor	
City Miami	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. I am familiar with, and accept the obligations of registered agent.

in **American-Information Services, Inc.**

SIGNATURE **Dr. Denis P. Orest, Pres. Sec.** DATE **5/27/03**

Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when re-appointing)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$350.00
Amended UBR is \$51.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT ROBERTA SANTINI 2020 N. ATLANTIC BLVD. FT. LAUDERDALE, FL 33308	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other files empowered.

SIGNATURE: **Roberta Santini** DATE: **4/24/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034B (1/2002)