

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

02-27-2002 90047 008 ***150.00

DOCUMENT # P01000050508

1. Entity Name

TREASURE COAST RADIOLOGY ASSOCIATES, P.A.

Principal Place of Business

**2306 NEBRASKA AVENUE
 FORT PIERCE FL 34950**

Mailing Address

**2306 NEBRASKA AVENUE
 FORT PIERCE FL 34950**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FFL Number

05-1105384

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUFFINI, CHRISTINE G

**505 SOUTH FLAGLER DRIVE, SUITE 1330
 WEST PALM BEACH FL 33401**

BRESLAW, M.D., BRIAN H.

2306 NEBRASKA AVENUE

CITY FORT PIERCE

FL

**Zip Code
 34950**

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

BRIAN H. BRESLAW, M.D., VICE-PRESIDENT

1/10/02

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 \$150.00
 After May 1, 2002 Fee will be \$550.00
 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 **PD** ☐ Delete
 NAME **VENNOS, ALEX N MD**
 STREET ADDRESS **2306 NEBRASKA AVENUE**
 CITY-ST-ZIP **FORT PIERCE FL 34950**

TITLE **VSTD** ☐ Delete
 NAME **BRESLAW, BRIAN H MD**
 STREET ADDRESS **2306 NEBRASKA AVENUE**
 CITY-ST-ZIP **FORT PIERCE FL 34950**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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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)(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 REQUIRED
ALEX N. VENNOS, M.D., PRESIDENT

1/10/02

Date

(561) 464-1650

Daytime Phone #

CR2E034 (9/01)