2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State
05-13-2002 90187 005 ***150.00

90107

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000118350

1. Entity Name
CORAL GABLES MEDICAL IMAGING, P.A.

Principal Place of Business	Mailing Address
4861 N DIXIE HWY. STE 1 OAKLAND PARK FL 33334	4861 N DIXIE HWY. STE 1 OAKLAND PARK FL 33334

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1159801 ☐ 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
JULIEN KAUFMAN, CHERYL 2301 SUNSET DR MIAMI BEACH FL 33140	Name: MICHAEL J RUSH Street Address (P.O. Box Number is Not Acceptable): 4861 N DIXIE HWY - SUITE 1 City: OAKLAND PARK FL Zip Code 33334

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] MICHAEL J. RUSH 4/23/02
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 $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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT MICHAEL J RUSH, MD 3032 N ATLANTIC	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT MICHAEL J RUSH, MD 3032 N ATLANTIC FT LAUDERDALE FL 33308	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT CLAUDIO SMUCLOVISKY, MD 3041 NE 39TH ST FT LAUDERDALE FL 33308	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER MARIL N. KRAVETZ, MD 4840 SW 86TH Terrace MIAMI, FL. 33143	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY HOWARD A RUBINSON, MD 2639 NE 12TH ST FT LAUDERDALE FL 33304	☐ 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

CR2E034 (9/01)

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] MICHAEL J. RUSH 4/23/02 (954) 771-3321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #