

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90153 011 ***150.00

DOCUMENT # P02000071986

1. Entity Name
HERITAGE RADIOLOGY OF NORTH BAY, P.A.



Principal Place of Business
8383 NORTH DAVIS HIGHWAY
PENSACOLA FL 32514

Mailing Address
8383 NORTH DAVIS HIGHWAY
PENSACOLA FL 32514

2. Principal Place of Business

3. Mailing Address
Backoffice Solutions

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 13164

City & State

City & State
Pensacola, FL

4. FEI Number

01-0736095

Applied For

Not Applicable

Zip

Country

Zip

32514-3164

Country

USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BLOM, PAUL HENRY M.D.
8383 NORTH DAVIS HIGHWAY
PENSACOLA FL 32514

7. Name and Address of New Registered Agent

Name **Mel S. Jacoby**
Street Address (P.O. Box Number is Not Acceptable)
1017 Kings Way Lane
City **Tarpon Springs** FL Zip Code **34688**

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 *Mel S. Jacoby*

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

(NOTE: Registered Agent signature required when reinstating)

2/2/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mel S. Jacoby, M.D.
STREET ADDRESS	1017 Kings Way Lane
CITY-ST-ZIP	Tarpon Springs, FL. 34688
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mel S. Jacoby*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/03

Date

Daytime Phone #

CR2E034 (10/02)