

DOCUMENT # P92000008403

1. Entity Name

RADIOLOGY INVESTMENTS - I, INC.

Principal Place of Business

9050 PINES BLVD.  
SUITE 200  
PEMBROKE PINES FL 33024

Mailing Address

9050 PINES BLVD.  
SUITE 200  
PEMBROKE PINES FL 33024

2. Principal Place of Business

3389 SHERIDAN ST.  
SUITE, APT. #, etc.  
#285

3. Mailing Address

GELBER & COMPANY  
SUITE, APT. #, etc.  
285 N.W. 199th STREET, #204

REINSTATEMENT

4. FEI Number 65-0401557

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BERGER, WILLIAM J.  
1200 N. FEDERAL HIGHWAY, SUITE 200  
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	LIVINGSTON, PETER A	9050 PINES BLVD. STE 200	PEMBROKE PINES FL	<input type="checkbox"/>
SD	JOSEPH, NEAL M	9050 PINES BLVD STE 200	PEMBROKE PINES FL	<input type="checkbox"/>
D	WOOLFITT, SANDRA M	9050 PINES BLVD STE 200	PEMBROKE PINES FL	<input type="checkbox"/>
D	EISEN, HUGH M M.D.	9050 PINES BLVD STE 200	PEMBROKE PINES FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		3389 SHERIDAN ST. #285	HOLLYWOOD, FL 33021	<input type="checkbox"/>
		400003514644-4	-12/27/00-01071-009	<input type="checkbox"/>
		****750.00	****750.00	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

KE

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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (5/00)