

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000011133

1. Entity Name

PALMETTO RADIOLOGICAL SERVICES, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90178 024 ***150.00

Principal Place of Business

Mailing Address

7991 WEST FLAGLER ST
#400
MIAMI FL 33144
US

7891 WEST FLAGLER ST.
SUITE 400
MIAMI FL 33144-2303



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7815 Coral Way
Suite, Apt. #, etc.
#107

Saved

City & State
Miami, FL

City & State

4. FEI Number 65-0404645

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RUBIDO, PELAYO O
7815 CORAAL WAY
SUITE 107
MIAMI FL 33155

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 \$150.00
After MAY 1, 2000 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
D
RUBIDO, PELAYO O
7815 CORAL WAY, SUITE 107
MIAMI FL 33155 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/29/99

Date

265-9003

Daytime Phone #

CR2E034 (9/99)