

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90330 045 ***150.00

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DOCUMENT # P93000057868

1. Entity Name
MOBILE RADIOLOGY, INC.



Principal Place of Business
**3637 4TH ST N
ST PETERSBURG FL 33704**

Mailing Address
**3637 4TH ST N
ST PETERSBURG FL 33704**



2. Principal Place of Business

3. Mailing Address

3538 TOWN AVE **3538 TOWN AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

NEW PORT RICHEY, FL

City & State

NEW PORT RICHEY, FL

4. FEI Number

59-3195402

Applied For

Not Applicable

Zip

Country

Zip

Country

34655

PASCO

34655

PASCO

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

**TURNER, BILL J
3601 BELLE VISTA DR
ST PETERSBURG BEACH FL 33706**

Name **DENNIS M GIUZIO**

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

3538 TOWN AVE

NEW PORT RICHEY, FL 34655

City **NEW PORT RICHEY FL** Zip Code **34655**

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

Dennis M. Guizio

7/10/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **TURNER, BILL J**
STREET ADDRESS **3601 BELLE VISTA DR**
CITY-ST-ZIP **ST PETERSBURG BCH FL 33706**

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

TITLE ☐ Delete
NAME **GIUZIO, DENNIS M**
STREET ADDRESS **1248 NORMANDY BLVD**
CITY-ST-ZIP **HOLIDAY FL 34691**

TITLE ☒ Change ☐ Addition
NAME **DENNIS M GIUZIO**
STREET ADDRESS **3538 TOWN AVE**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

10109955
#P93000057868

MOBILE RADIOLOGY, INC

3637 4TH St. North Suite 230
St. Petersburg, FL 33704

July 10, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Gentlemen:

Enclosed you will find our check for \$150.00 representing payment for our Uniform Business Report. This is the first notification we have received that the report and fee were due.

As your records will indicate, we have never been late with this filing and would have promptly paid it if we had received notice at an earlier date.

We respectfully request that the late filing fees be waived.

Sincerely,



Bill Turner