

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State
 02-15-2000 90059 027 ***150.00

DOCUMENT # P94000027037

1. Entity Name

PALMS WEST RADIOLOGY ASSOCIATES, P.A.

Principal Place of Business

Mailing Address

ST RD 80
 FL 33470

13005 STATE ROAD #80 SUITE 225
 LOXAHATCHEE FL 33470

80022024

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

~~11337 Okeechobee Blvd.~~

Suite, Apt. #, etc.

11337 Okeechobee Blvd.

City & State

Royal Palm Beach, FL

City & State

Royal Palm Beach, FL

Zip

33411

Country

USA

Zip

33411

Country

USA

4. FEI Number

65-0478117

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

Name

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

City

FL

Zip Code

MENKHAUS, DAVID J
MOORE & MENKHAUS PA
4800 N FEDERAL HWY SUITE 210-A
BOCA RATON FL 33431

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 **P** ☐ Delete
 NAME **DEWAR, DONALD**
 STREET ADDRESS **13005 SR 80 #225**
 CITY-ST-ZIP **LOXAHATCHEE FL**

TITLE ☒ Change ☐ Addition
 NAME **11337 Okeechobee Blvd.**
 STREET ADDRESS **Royal Palm Beach, FL**
 CITY-ST-ZIP **33411**

TITLE **VP** ☐ Delete
 NAME **HUBER, JONATHAN**
 STREET ADDRESS **13005 SR 80 #225**
 CITY-ST-ZIP **LOXAHATCHEE FL**

TITLE ☒ Change ☐ Addition
 NAME **11337 Okeechobee Blvd.**
 STREET ADDRESS **Royal Palm Beach, FL**
 CITY-ST-ZIP **33411**

TITLE **ST** ☐ Delete
 NAME **BAUMEL, ERIC**
 STREET ADDRESS **13005 SR 80 #225**
 CITY-ST-ZIP **LOXAHATCHEE FL**

TITLE ☒ Change ☐ Addition
 NAME **11337 Okeechobee Blvd.**
 STREET ADDRESS **Royal Palm Beach, FL**
 CITY-ST-ZIP **33411**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

Jonathan Huber, M.D.

Date

1/18/00

Daytime Phone #

561 795 5558

CR2E034 (9/99)