2001 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee empowered to execute the changed, or on an attachment with an address, with all other like the

SIGNATURE AND TYPED OR PRINTED WAME OF

SIGNATURE:

May 15, 2001 8:00 am Secretary of State DOCUMENT # **P94000027037** 05-15-2001 90097 013 ***150.00 PALMS WEST RADIOLOGY ASSOCIATES, P.A. Principal Place of Business Mailing Address 11337 OKEECHOBEE BLVD 13001 ST RD 80 DC400410 LOXAHATCHEE FL 33470 ROYAL PALM BEACH FL 33411 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0478117 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MENKHAUS, DAVID J Street Address (P.O. Box Number is Not Acceptable) MOORE & MENKHAUS PA 4800 N FEDERAL HWY SUITE 210-A **BOCA RATON FL 33431** City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS-AND DIRECTORS R2E034 (10/00) TITLE ☐ Change Addition TITLE ☐ Delete Kater, Gabrielle NAME DEWAR, DONALD NAME 11337 OKERCHOBER BIND STREET ADDRESS STREET ADDRESS _11337 OKEECHOBEE BLVD Royal Palm Beach FL 33411 CITY-ST-ZIP CITY-ST-ZiP ROYAL PALM BCH FL 33411 ☐ Change TITLE TITLE ☐ Addition NAME NAME HUBER, JONATHAN STREET ADDRESS 11337 OKEECHOBEE BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROYAL PALM BCH FL 33411 Delete TITLE Change Addition ST BAUMEL, ERIC NAME STREET ADDRESS STREET ADDRESS 11337 OKEECHOBEE BLVD CITY-ST-ZIP CITY-ST-ZIP ROYAL PALM BCH FL 33411 TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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 the apport as required by Chapter 66 A Florida Statutes; and that my name appears in Block 11 or Block 12 in

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Statutes; and that my name appears in Block 11 or Block 12 if

Daytime Phone #

Date