

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90397 021 ***150.00

DOCUMENT # **P94000027037**

1. Entity Name

Palms West Radiology Associates, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13001 St. Rd 80

Suite, Apt. #, etc.

3. Mailing Address

11337 Okeechobee Blvd

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Loxahatchee, FL

City & State

Royal Palm Beach, FL

4. FEI Number

65-0478117

Applied For

Not Applicable

Zip

33470

Country

USA

Zip

33411

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **MenKhaus, David J., Esq.**

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

2424 N. Federal Hwy, Suite 456

City **Boca Raton**

FL

Zip Code **33431**

**DO NOT WRITE
IN THIS SPACE**

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 restateing)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 **P Dewar, Donald**
STREET ADDRESS **11337 Okeechobee Blvd.**
CITY-ST-ZIP **Royal Palm Beach, FL 33411**

TITLE
NAME **VP Kater, Gabrielle**
STREET ADDRESS **11337 Okeechobee Blvd**
CITY-ST-ZIP **Royal Palm Beach, FL 33411**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD DEWAR

4/30/02

Date

561-795-6921

Daytime Phone #

CR2E034B (12/01)