

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000035762

1. Entity Name

PALMETTO MEDICAL IMAGING, P.A.

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90024 038 ***150.00

Principal Place of Business

Mailing Address

1131 SE 2 AVE
FT LAUDERDALE FL 33316

1131 SE 2 AVE
FT LAUDERDALE FL 33316-1007

2. Principal Place of Business

4861 North Dixie Hwy.

3. Mailing Address

P.O. BOX 5688

Suite, Apt. #, etc.

1

Suite, Apt. #, etc.

City & State

OAKLAND PARK, FLORIDA

City & State

FORT LAUDERDALE

Zip

33334

Country

USA

Zip

33310

Country

USA

4. FEI Number

65-0577062

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUSH, BRIAN P
11018 N DALE MABRY
SUITE 404
TAMPA FL 33618

7. Name and Address of New Registered Agent

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

TITLE PD ☐ Delete
NAME RUSH, MICHAEL J
STREET ADDRESS 3032 N ATLANTIC BLVD
CITY-ST-ZIP FT LAUDERDALE FL 33308

TITLE VD ☐ Delete
NAME SMUCLOVSKY, CLAUDIO M
STREET ADDRESS 3041 NE 39 ST
CITY-ST-ZIP FT LAUDERDALE FL 33308

TITLE SD ☐ Delete
NAME KRAVETZ, MARK
STREET ADDRESS 1700 MICANOPY AVE
CITY-ST-ZIP MIAMI FL 33133

TITLE TD ☐ Delete
NAME RUBINSON, HOWARD A
STREET ADDRESS 2639 NE 12 ST
CITY-ST-ZIP FT LAUDERDALE FL 33304

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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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

Date

Daytime Phone #

CLAUDIO Smuclovsky VP 1-20-00 954771-3324