

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90187 006 ***150.00

DOCUMENT # P95000035762

1. Entity Name
PALMETTO MEDICAL IMAGING, P.A.

Principal Place of Business
 4861 NORTH DIXIE HWY
 OAKLAND PARK FL 33334

Mailing Address
 PO BOX 5688
 FORT LAUDERDALE FL 33310

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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
MICHAEL J RUSH
 Street Address (P.O. Box Number is Not Acceptable)
4861 N DIXIE HWY - SUITE 1
 City
OAKLAND PARK, FL 33334

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 **MICHAEL J. RUSH** **4/23/02**
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, 2002 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 | <input type="checkbox"/> Delete |
| NAME | RUSH, MICHAEL J | |
| STREET ADDRESS | 3032 N ATLANTIC BLVD | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33308 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | SMUCLOVSKY, CLAUDIO M | |
| STREET ADDRESS | 3041 NE 39 ST | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33308 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | KRAVETZ, MARK | |
| STREET ADDRESS | 1700 MICANOPY AVE | |
| CITY-ST-ZIP | MIAMI FL 33133 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | RUBINSON, HOWARD A | |
| STREET ADDRESS | 2639 NE 12 ST | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33304 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02 **(954) 771-3321**
Date Daytime Phone #

CR2E034 (9/01)