

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**  
 04-18-2000 90262 034 \*\*\*150.00

**DOCUMENT # P95000057469**

1. Entity Name  
**RADIOLOGY GROUP, P.A.**

Principal Place of Business      Mailing Address  
 1200 SOUTH PINE ISLAND ROAD      1200 SOUTH PINE ISLAND ROAD  
 SUITE 600      SUITE 600  
 PLANTATION FL 33324      PLANTATION FL 33324-4465



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 14050 NORTH WEST 14th ST      14050 NORTH WEST 14th ST  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 STE 190      STE 190  
 City & State      City & State  
 FT LAUDERDALE FL      FT. LAUDERDALE FL  
 Zip      Zip      Country      Country  
 33323      33323      USA      USA

4. FEI Number      65-0604128      Applied For  
 Not Applicable

5. Certificate of Status Desired      ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301

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	D	<input type="checkbox"/> Delete
NAME	ROBERTS, MICHAEL M.D.	
STREET ADDRESS	1200 S PINE ISLAND RD STE 600	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	DTS	<input type="checkbox"/> Delete
NAME	EPSTEIN, DAVID L A M.D.	
STREET ADDRESS	1200 S PINE ISLAND RD STE 600	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	DP	<input type="checkbox"/> Delete
NAME	KAPPELMAN, NEIL MD	
STREET ADDRESS	1200 S PINE ISLAND RD STE 600	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	KAPPELMAN, ROBERT MD	
STREET ADDRESS	1200 S PINE ISLAND RD STE 600	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRINCIPE, NEIL J M.D.	
STREET ADDRESS	1200 S PINE ISLAND RD STE 600	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEINSTEIN, VICTOR M.D.	
STREET ADDRESS	3000 GALLERIA TOWER #1000	
CITY-ST-ZIP	BIRMAINGHAM AL 35235	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	14050 NW 14th Street, Suite 190	
CITY-ST-ZIP	Sunrise, FL 33323	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	14050 NW 14th Street, Suite 190	
CITY-ST-ZIP	Sunrise, FL 33323	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	14050 NW 14th Street, Suite 190	
CITY-ST-ZIP	Sunrise, FL 33323	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	14050 NW 14th Street, Suite 190	
CITY-ST-ZIP	Sunrise, FL 33323	
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: NEIL PRINCIPE, M.D.  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)