2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NA

SIGNING OFFICER OR DIRECTOR

FILED Mar 20, 2001 8:00 am Secretary of State DOCUMENT # **P95000057469** RADIOLOGY GROUP, P.A. 03-20-2001 90046 033 ***150.00 Principal Place of Business Mailing Address 14050 NW 14TH ST. 14050 NW 14TH ST. SUITE 190 SUITE 190 FORT LAUDERDALE FL 33323 FORT LAUDERDALE FL 33323 2. Principal Place of Business 3. Mailing Address Suite. Apt. #. etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0604128 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 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 DATE (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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. SR2E034 (10/00) Director/ Secretary / Treasure De Change Michael Roberts, M.D. TITLE Delete ROBERTS, MICHAEL M.D. NAME NAME 14050 NW 14Th ST, SUITE 190 STREET ADDRESS 14050 NW 14TH STREET STE. 190 STREET ADDRESS CITY-ST-ZIP Plantation, FL 33324 CITY-ST-ZIP PLANTATION FL 33324 Director/President ☐ Addition Delete TITLE David Epstein, M.D. NAME EPSTEIN, DAVID L A M.D. NAME 14050 NW 14+45+ Suite 190 STREET ADDRESS STREET ADDRESS 14050 NW 14TH ST. STE. 190 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33323 FT. Lauderdale, FL Change Director Neil Kappelman, M.D ☐ Addition Delete TITLE __ TITLE KAPPELMAN, NEIL MD NAME NAME STREET ADDRESS STREET ADDRESS 14050 NW 14TH ST. STE. 190 14050 NW 14+4 ST., SuiTe190 CITY-ST-ZIP Plantation, FL 33324 CITY-ST-ZIP PLANTATION FL 33324 Change Director/Vice-President ☐ Addition Delete TITLE TITLE Robert Appelman MD 14050 NW 14th ST, SUITE 190 Plantation, FC 33324 NAME KAPPELMAN, ROBERT MD NAME STREET ADDRESS STREET ADDRESS 14050 NW 14TH ST. STE. 190 CITY-ST-7IP CITY-ST-ZIP PLANTATION FL 33324 Change ☐ Addition ☐ Delete TITLE TITLE PRINCIPE, NEIL J M.D. NAME NAME STREET ADDRESS STREET ADDRESS 14050 NW 14TH STREET STE. 190 CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 Delete Change Addition TITLE Ð TITLE NAME WEINSTEIN, VICTOR M.D. NAME STREET ADDRESS STREET ADDRESS -9000 GALLERIA TOWER #1000 CITY-ST-ZIP CITY-ST-ZIP BIRMAINGHAM-AL-35235 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 accurage 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 a byter the empowered.

Daytime Phone #