FILED
Jul 28, 2003 8:00 am
Secretary of State
07-10-2003 90114 008 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000057469

1. Entity Name
RADIOLOGY GROUP, P.A.

(L)

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2. Principal Place of Business	3. Mailing Address
14050 NW 14th St.	
Suite, Apt. #, etc.: Suite 190	Suite, Apt. #, etc.
City & State: Fort Lauderdale, FL	City & State
Zip: 33323 Country	Zip Country

4. FEI Number: 65-0604128 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Corp. Service Co.

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

1201 Hays St.

City: Tallahassee FL 32312 FL Zip Code: 32312

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President/Director
NAME	Neil Kappelman, M.D.
STREET ADDRESS	14050 NW 14th St., Ft. Lauderdale,
CITY-ST-ZIP	FL 33323
TITLE	Vice President/Director
NAME	Robert Appleman
STREET ADDRESS	14050 NW 14th St., Ft. Lauderdale,
CITY-ST-ZIP	FL 33323
TITLE	Secretary/Director
NAME	David Epstein
STREET ADDRESS	14050 NW 14th St., Ft. Lauderdale,
CITY-ST-ZIP	FL 33323
TITLE	Treasurer/Director
NAME	David Epstein
STREET ADDRESS	14050 NW 14th St., Ft. Lauderdale,
CITY-ST-ZIP	FL
TITLE	Director
NAME	Neil Principe
STREET ADDRESS	14050 NW 14th St., Ft. Lauderdale,
CITY-ST-ZIP	FL
TITLE	Director
NAME	Michael Roberts
STREET ADDRESS	14050 NW 14th St., Ft. Lauderdale,
CITY-ST-ZIP	FL

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12. 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 10 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 #