

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90030 001 ***150.00

DOCUMENT # P96000018537

1. Entity Name

REGIONAL RADIOLOGY, P.A.

Principal Place of Business

Mailing Address

160 N.W. 170TH STREET
 FL 33169

PO BOX 640855
 MIAMI FL 33164-0855

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0644535**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COHEN, GILBERT H M.D.
3970 N. 32 TERRACE
HOLLYWOOD FL 33021

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	P	<input type="checkbox"/> Delete
NAME	COHEN, GILBERT H MD	
STREET ADDRESS	3970 N. 32 TERRACE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	FABIAN, CARL E MD.	
STREET ADDRESS	577 N.E. 96 STREET	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WHITEMAN, MITCHELL S.	
STREET ADDRESS	565 COCONUT CIRCLE	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WALDMAN, IRVING MD	
STREET ADDRESS	2800 ISLAND BLVD.	
CITY-ST-ZIP	N. MIAMI BEACH FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	STOKES, NORMAN A	
STREET ADDRESS	121 GAVILAN AVE.	
CITY-ST-ZIP	CORAL GABLES FL 33143	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBBINS, SANFORD MD	
STREET ADDRESS	160 NW 170TH STREET	
CITY-ST-ZIP	NO MIAMI BEACH FL 33169	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHER, ARTHUR, M.D.	
STREET ADDRESS	160 NW 170th St	
CITY-ST-ZIP	NO. MIAMI BEACH, FL 33169	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHWARTZ, TODD DO.	
STREET ADDRESS	160 NW 170th St	
CITY-ST-ZIP	NO. MIAMI BEACH, FL 33169	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/2000 888 663-2028