

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

721040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0644535**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: P NAME: COHEN, GILBERT H MD STREET ADDRESS: 3970 N. 32 TERRACE CITY-ST-ZIP: HOLLYWOOD FL 33021 <input type="checkbox"/> Delete	TITLE: D NAME: SHER, ARTHUR, M.D. STREET ADDRESS: 160 NW 170th St CITY-ST-ZIP: No. MIAMI BEACH, FL 33169 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VP NAME: FABIAN, CARL E MD. STREET ADDRESS: 577 N.E. 96 STREET CITY-ST-ZIP: MIAMI SHORES FL 33138 <input checked="" type="checkbox"/> Delete	TITLE: D NAME: SCHWARTZ, TODD DO. STREET ADDRESS: 160 NW 170th St CITY-ST-ZIP: No. MIAMI BEACH, FL 33169 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: ST NAME: WHITEMAN, MITCHELL S. STREET ADDRESS: 585 COCONUT CIRCLE CITY-ST-ZIP: WESTON FL 33326 <input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: WALDMAN, IRVING MD STREET ADDRESS: 2800 ISLAND BLVD. CITY-ST-ZIP: N. MIAMI BEACH FL 33180 <input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: STOKES, NORMAN A STREET ADDRESS: 121 GAVILAN AVE. CITY-ST-ZIP: CORAL GABLES FL 33143 <input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: ROBBINS, SANFORD MD STREET ADDRESS: 160 NW 170TH STREET CITY-ST-ZIP: NO MIAMI BEACH FL 33169 <input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition

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

4/24/2000 888 663-2028
 Date Daytime Phone #