

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90073 009 ***150.00

0470886

DOCUMENT # P96000018537

1. Entity Name
REGIONAL RADIOLOGY, P.A.

Principal Place of Business Mailing Address
~~180 N.W. 170TH STREET MIAMI FL 33169~~ **3970 N 32 TER** ~~PO BOX 640855 MIAMI FL 33164-0588~~ **3970 N. 32 TER**
Hollywood, FL 33021 **Hollywood, FL 33021**

2. Principal Place of Business Suite, Apt. #, etc.
3970 No. 32nd TERR

3. Mailing Address Suite, Apt. #, etc.
3970 No. 32nd TERR

City & State **Hollywood, FL** City & State **Hollywood, FL**
 Zip **33021** Country Country Zip **33021** Country

4. FEI Number **65-0644535** Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
COHEN, GILBERT H.M.D.
3970 N. 32 TERRACE
HOLLYWOOD FL 33021

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 _____ (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, 2001 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	D	<input type="checkbox"/> Delete
NAME	SHER, ARTHUR MD	
STREET ADDRESS	180 NW 170TH STREET	
CITY-ST-ZIP	MIAMI BEACH FL 33169	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WHITEMAN, MITCHELL S	
STREET ADDRESS	565 COCONUT CIRCLE	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHWARTZ, TODD DO	
STREET ADDRESS	180 NW 170TH STREET	
CITY-ST-ZIP	N MIAMI BEACH FL 33169	
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	180 NW 170TH STREET	
CITY-ST-ZIP	NO MIAMI BEACH FL 33169	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	468 Golden Isle DR #301	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10960 NW 7TH COURT	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	8555 DALKEITH LANE	
CITY-ST-ZIP	MIAMI LAKES, FL 33016	

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]* **3/15/01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)