

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000018537

1. Entity Name

REGIONAL RADIOLOGY, P.A.

Principal Place of Business

Mailing Address

~~180 NW 170TH STREET~~ 3970 N 32 TER PO BOX 640855 3970 N. 32 TER
MIAMI FL 33169 Hollywood, FL MIAMI FL 33164-0588 Hollywood, FL
33021 33021

2. Principal Place of Business

3970 No. 32nd TERR

Suite, Apt. #, etc.

3. Mailing Address

3970 No. 32nd TERR

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Hollywood, FL

Zip

33021

Country

Zip

33021

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

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

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, 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	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	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

03-21-2001 90073 009 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)