

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90181 047 \*\*\*150.00

0371037 AV

**DOCUMENT # P96000053587**

1. Entity Name

**BROWARD RADIOLOGY GROUP, P.A.**



Principal Place of Business

**C/O HOLY CROSS HOSP**

**4725 N FEDERAL HWY**

**FT LAUDERDALE FL 33308**

**US**

Mailing Address

**PO BOX 11006**

**FT LAUDERDALE FL 33339**

**US**

2. Principal Place of Business

3. Mailing Address

**2500 N. Military Trail**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#283**

City & State

City & State

**Boca Raton, FL**

Zip

Country

Zip

Country

**33431**

**USA**

4. FEI Number

**65-0678362**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COEL, MARK A ESQ**

**2700 SOUTH COMMERCE PARKWAY**

**SUITE 305**

**WESTON FL 33331-0000**

Name

**Mark A. Coel, Esquire**

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

**33 S.E. 8th Street, #400**

City

**Boca Raton**

**FL**

Zip Code

**33432**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **KENNETH R STEIN MD**  
STREET ADDRESS **4725 N FEDERAL HWY**  
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **PD** ☒ Change ☐ Addition  
NAME **Kenneth R. Stein, M.D.**  
STREET ADDRESS **4725 N. Federal Hwy.**  
CITY-ST-ZIP **Ft. Lauderdale, FL 33308**

TITLE **C** ☐ Delete  
NAME **TERRY BACHOW MD**  
STREET ADDRESS **4725 N FEDERAL HWY**  
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **VPD** ☒ Change ☐ Addition  
NAME **Terry Bachow, M.D.**  
STREET ADDRESS **4725 N. Federal Hwy.**  
CITY-ST-ZIP **Ft. Lauderdale, FL 33308**

TITLE **ST** ☒ Delete  
NAME **CHARLES F TATE MD**  
STREET ADDRESS **4725 N FEDERAL HWY**  
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **STD** ☐ Change ☒ Addition  
NAME **Mehul Desai, M.D.**  
STREET ADDRESS **4725 N. Federal Hwy.**  
CITY-ST-ZIP **Ft. Lauderdale, FL 33308**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **Howard R. Wilkov, M.D.**  
STREET ADDRESS **4725 N. Federal Hwy.**  
CITY-ST-ZIP **Ft. Lauderdale, FL 33308**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **Peter J. Eisenberg, M.D.**  
STREET ADDRESS **4725 N. Federal Hwy.**  
CITY-ST-ZIP **Ft. Lauderdale, FL 33308**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature of Peter J. Eisenberg, M.D.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/16/03**  
Date

**954-492-5797**  
Daytime Phone #

CR2E034 (10/02)

*Attachment*

80087604

**Broward Radiology Group, P.A.**

**Document # P96000053587**

Section 11 (Con't)

Title:	D	x Addition
Name:	Richard Baker, III, M.D.	
Street Address:	4725 N. Federal Hwy.	
City-St-Zip:	Ft. Lauderdale, FL 33308	