

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90007 027 ***158.75

DOCUMENT # P96000070988

1. Entity Name
RADIOLOGY RESOURCE, INC.

Principal Place of Business

~~10505 RIO LINDO~~
~~DELRAY BCH FL 33446~~
~~US~~

Mailing Address

~~10505 RIO LINDO~~
~~DELRAY BCH FL 33446~~
~~US~~

2. Principal Place of Business

20423 STATE ROAD 7
 Suite, Apt. #, etc.
FL-289

City & State
BOCA RATON, FL

Zip Country
33498 USA

3. Mailing Address

20423 STATE ROAD 7
 Suite, Apt. #, etc.
FL-289

City & State
BOCA RATON, FL

Zip Country
33498 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0691406**

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

SAKS, DAVID A.M.D.
10505 RIO LINDO
DELRAY BCH FL 33446

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete
 NAME **SAKS, DAVID A.M.D.**
 STREET ADDRESS **10505 RIO LINDO**
 CITY-ST-ZIP **DELRAY BCH FL 33446**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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

3/26/01 (561) 637-6690
 Date Daytime Phone #

CR2E034 (10/00)