

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000090039

1. Entity Name

HOLLYWOOD MEDICAL IMAGING, P.A.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90029 035 ***150.00

Principal Place of Business

1131 SE 2ND AVE
FT. LAUDERDALE FL 33335

Mailing Address

P O BOX 21768
FT. LAUDERDALE FL 33310-5578

2. Principal Place of Business

4861 NORTH DIXIE HWY.

3. Mailing Address

P.O. BOX 5578

Suite, Apt. #, etc.

1

Suite, Apt. #, etc.

City & State

OAKLAND PARK, FL.

City & State

FORT LAUDERDALE, FL

Zip

33334

Country

USA

Zip

33310-5578

Country

USA

4. FEI Number

65-0714818

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

RUSH, MICHAEL J
5757 N. DIXIE HIGHWAY
FT. LAUDERDALE FL 33334

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

TITLE PD ☐ Delete
NAME RUSH, MICHAEL J M.D.
STREET ADDRESS 3032 NO ATLANTIC BLVD.
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE VD ☐ Delete
NAME SMUCLOVSKY, CLAUDIO M M.D.
STREET ADDRESS 3041 NE 39TH ST.
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE TD ☐ Delete
NAME KRAVETZ, MARK H M.D.
STREET ADDRESS 1700 MICANOPY AVE.
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE VD ☐ Delete
NAME ROBINSON, HOWARD A M.D.
STREET ADDRESS 2639 NE 12TH STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33304

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

CLAUDIO SMUCLOVSKY VP 1/17/00 954-771-3321

Date

Daytime Phone #

CR2E034 (9/99)