

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90037 036 ***150.00

DOCUMENT # P96000101368

1. Entity Name

WEST FLORIDA REGIONAL IMAGING, P.A.

Principal Place of Business

Mailing Address

6449 - 38TH AVE N

SUITE C-4

ST PETERSBURG FL 33710

6449 - 38TH AVE N

SUITE C-4

ST PETERSBURG FL 33710-1654

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3414297

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

Name

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

City

FL

Zip Code

KATZ, ALLAN E M.D.
6449 - 38TH AVE N
SUITE C-4
ST PETERSBURG FL 33710

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	KATZ, ALLAN E M.D.
STREET ADDRESS	6449 - 38TH AVE N SUITE C-4
CITY-ST-ZIP	ST PETERSBURG FL 33710
TITLE	D <input type="checkbox"/> Delete
NAME	BABAT, CHESTER C M.D.
STREET ADDRESS	6449 - 38TH AVE N SUITE C-4
CITY-ST-ZIP	ST PETERSBURG FL 33710
TITLE	D <input type="checkbox"/> Delete
NAME	HAMEROFF, NATHAN M M.D.
STREET ADDRESS	5880 49TH ST N
CITY-ST-ZIP	ST PETERSBURG FL 33709
TITLE	D <input type="checkbox"/> Delete
NAME	ANDERSON, STEPHEN C M.D.
STREET ADDRESS	5880 49TH ST N
CITY-ST-ZIP	ST PETERSBURG FL 33709
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: X

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/19/00

727 381 0275

CR2E034 (9/99)