

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000102403

1. Entity Name
R.A. MANGASARIAN M.D. RADIOLOGY, P.A.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91158 014 ***150.00

Principal Place of Business
5000 UNIVERISTY DRIVE
CORAL GABLES FL 33146

Mailing Address
5000 UNIVERISTY DRIVE
CORAL GABLES FL 33146



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
GELBER & COMPANY
285 N.W. 199th STREET, #204
MIAMI, FL 33169
City & State
Zip

4. FEI Number **65-0717141**
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

MANGASARIAN, ROBERT A MD
5000 UNIVERISTY DRIVE
CORAL GABLES FL 33146

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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MANGASARIAN, ROBERT A MD		NAME		
STREET ADDRESS	5000 UNIVERISTY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33146		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Robert Mangasarian MD*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *4/30/01* Daytime Phone # *305 250-6413*

CR2E034 (10/00)