

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000000800

1. Entity Name

CORAL GABLES RADIOLOGY GROUP, P.A.

FILED
Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90005 024 ***150.00

Principal Place of Business

Mailing Address

3100 DOUGLAS ROAD
C/O CORAL GABLES HOSPITAL RADIOLOGY DEPT.
CORAL GABLES FL 33134

11175 SW 108TH CT
MIAMI FL 33176-3466

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

65-0719755

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

B & C CORPORATE SERVICES, INC.
201 SO BISCAYNE BLVD. STE 3000
MIAMI FL 33131

Name HUMBERTO VALDES-MD
Street Address (P.O. Box Number is Not Acceptable)

11175 SW 108TH COURT
City MIAMI FL Zip Code 33176

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

Humberto Valdes

3-29-00

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	VALDES, HUMBERTO MD	
STREET ADDRESS	3100 DOUGLAS ROAD	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALVAREZ-ASSEF, EVERLIO MD	
STREET ADDRESS	3100 DOUGLAS ROAD	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	P	<input type="checkbox"/> Delete
NAME	RIPSTEIN, LINDA MD	<input checked="" type="checkbox"/> ADD
STREET ADDRESS	3100 DOUGLAS ROAD	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Humberto Valdes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-00

Date

305-4411

Daytime Phone #

CR2E034 (9/99)