

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000013035

1. Entity Name
ROSKIN RADIOLOGY ASSOCIATES, INC.



FILED

04 NOV -1 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

1717 N BAYSHORE DR
207
MIAMI, FL 33132

Mailing Address

1717 N BAYSHORE DR
207
MIAMI, FL 33132

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Two South University Dr
215

Suite, Apt. #, etc.

City & State
PLANTATION, FL

10262004

REIN-P

CR2E098 (6/04)

4. FEI Number
65-0724765

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LYNN, BRIAN
TWO S. UNIVERSITY DR., #215
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME ROSKIN, RONALD
STREET ADDRESS 1717 N BAYSHORE DR #207
CITY-ST-ZIP MIAMI, FL 33132

TITLE ST ☒ Delete
NAME UMBEL, LISA
STREET ADDRESS 1717 N. BAYSHORE DR., SUITE 207
CITY-ST-ZIP MIAMI, FL 33132

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 900042354479
CITY-ST-ZIP 11/01/04--01058--015 ***150.00

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

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

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

12. 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 10 or Block 11 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

Date

Daytime Phone #