

2000 UNIFORM BUSINESS REPORT (UBR)

10F

DOCUMENT # P97000052648

1. Entity Name

APEX RADIOLOGY, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 AUG 28 AM 7:52

Principal Place of Business

Mailing Address

1999 UNIVERSITY DRIVE
SUITE 104
CORAL SPRINGS FL 33071
US

9751 NW 18 STREET
CORAL SPRINGS FL 33071-5879

2. Principal Place of Business

1999 UNIVERSITY DRIVE

3. Mailing Address

1999 UNIVERSITY DRIVE



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.
SUITE 204

Suite, Apt. #, etc.
SUITE 204

City & State
CORAL SPRINGS, FL

City & State
CORAL SPRINGS, FL

4. FEI Number

65-0760865

Applied For

Not Applicable

Zip
33071

Country
BROWARD

Zip
22071

Country
BROWARD

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

ROME, WADE
9751 NW 18 STREET
CORAL SPRINGS FL 33071

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME DPST
STREET ADDRESS ROME, WADE
CITY-ST-ZIP 9751 NW 18 STREET
CORAL SPRINGS FL 33071

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 000003384580--1

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 09/07/00 01002-006
****150.00 ****150.00

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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

8/23/00

Date

Daytime Phone #

1-800-811-7238

CR2E034 (9/99)

2072



Radiology

9751 NW 18th St. • Suite X • Coral Springs, FL 33071 • 1-800-811-7238

August 23, 2000

Sean Toner
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Mr. Toner:

Please be advised that since January, 2000, Wade Rome has undergone extensive and continuous surgical procedures which have taken him out of his working schedule for prolonged periods of time.

As these procedures have rendered him incapacitated and unable to assume his work responsibilities as a small business owner, it is requested at this time that your office waive the penalties assessed with renewal.

Thank you for your attention and consideration of this matter.

Sincerely,

A handwritten signature in cursive script that reads 'Fred Laufer'.

Fred Laufer, M.D.