

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY 22 PM 2: 38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000060712

1. Entity Name

SEBASTIAN RADIOLOGY ASSOCIATES, INC.



Principal Place of Business
777 37TH ST., STE. D-106
VERO BEACH FL 32960

Mailing Address
777 37TH ST., STE. D-106
VERO BEACH FL 32960

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04-30-03 90321-014 \$150.00

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0773635

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, JOHN E III
756 BEACHLAND BLVD.
VERO BEACH FL 32961

7. Name and Address of New Registered Agent

Name: Peter H. Joyce
Street Address (P.O. Box Number is Not Acceptable)

777 37th Street Ste D-106
City: Vero Beach FL Zip Code: 32960

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 reappointing)

DATE

4/29/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P
NAME: JOYCE, PETER H.
STREET ADDRESS: 777 37TH STREET D-106
CITY-ST-ZIP: VERO BEACH FL 32960 ☐ Delete

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

TITLE: ST
NAME: BISSET, ROBERT R.
STREET ADDRESS: 777 37TH STREET D-106
CITY-ST-ZIP: VERO BEACH FL 32960 ☐ Delete

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

TITLE: VP
NAME: COLELLA, JAY P.
STREET ADDRESS: 777 37TH STREET D-106
CITY-ST-ZIP: VERO BEACH FL 32960 ☐ Delete

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

TITLE: VP
NAME: NAGEL, HEATHER
STREET ADDRESS: 777 37TH STREET D-106
CITY-ST-ZIP: VERO BEACH FL 32960 ☐ Delete

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

TITLE: VP
NAME: PUSKER, GEORGE T
STREET ADDRESS: 777 37TH STREET D-106
CITY-ST-ZIP: VERO BEACH FL 32960 ☐ Delete

TITLE: ☒ Change ☐ Addition
NAME: Puskar
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/03

0138971 AV

CR2E034 (10/02)