

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
 04-11-2001 90245 033 ***150.00

0545562

DOCUMENT # P98000030084

1. Entity Name

RADIOLOGY DEVELOPMENT CORPORATION

Principal Place of Business

6203 MCINTOSH RD
 SARASOTA FL 34238
 US

Mailing Address

6203 MCINTOSH RD
 SARASOTA FL 34238
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

3645 N. Courtenay Pkwy
 City & State
 Merritt Island, FL

Suite, Apt. #, etc.

3645 N. Courtenay Pkwy
 City & State
 Merritt Island, FL

Zip

Country

32953 USA

Zip

Country

32953 USA

6. Name and Address of Current Registered Agent

UNKEL, THEODORE W
 6203 MCINTOSH RD
 SARASOTA FL 34238

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

3645 N. Courtenay Parkway
 Merritt Island

City

FL

Zip Code

32953

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

Theodore W. Unkel
 (NOTE: Registered Agent signature required when reinstating)

4/9/01
 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

TITLE DPT
 NAME UNKEL, THEODORE W
 STREET ADDRESS 8730 GREY OAKS AVE
 CITY-ST-ZIP SARASOTA FL 34238 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
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 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☒ Change ☐ Addition
 9 Cove View Court
 Cocoa Beach, FL 32931

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

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

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

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

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

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:

Theodore W. Unkel
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Theodore W. Unkel

4/9/01
 Date

321-453-3400
 Daytime Phone #

CR2E034 (10/00)