

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90016 025 \*\*\*150.00

**DOCUMENT # P99000047612**

1. Entity Name

**WEST VOLUSIA MEDICAL IMAGING, INC.**

Principal Place of Business

**781 N. LAKE SYBELIA DRIVE  
 MAITLAND FL 32751**

Mailing Address

**781 N. LAKE SYBELIA DRIVE  
 MAITLAND FL 32751-4809**

2. Principal Place of Business

**830 Commmed Boulevard**

Suite, Apt. #, etc.

**Suite E**

City & State

**Orange City FL**

Zip

**32763**

Country

**USA**

3. Mailing Address

**PO BOX 741026**

Suite, Apt. #, etc.

City & State

**Orange City FL**

Zip

**32774-1026**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3590012**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**A.G.C. CO.  
 200 S. ORANGE AVENUE  
 SUITE 2300  
 ORLANDO FL 32801**

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.

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HOROWITZ, DIANE R M.D.</b>	
STREET ADDRESS	<b>781 N. LAKE SYBELIA DRIVE</b>	
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SIEGEL, MARK</b>	
STREET ADDRESS	<b>612 SOUTH BAY STREET</b>	
CITY-ST-ZIP	<b>EUSTIS FL 32726</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FROST, ALAN</b>	
STREET ADDRESS	<b>612 SOUTH BAY STREET</b>	
CITY-ST-ZIP	<b>EUSTIS FL 32726</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FRED Wittenstein, MD</b>	
STREET ADDRESS	<b>612 South Bay street</b>	
CITY-ST-ZIP	<b>Eustis FL 32726</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**MARISOL RODRIGUEZ** Director 2/4/00 94456011

CR2E034 (9/99)