

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90220 037 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000052599

1. Entity Name
RADIOLOGY CONSULTANTS OF PALM BEACH, INC.



Principal Place of Business
6766 FOREST HILL BLVD.
W. PALM BEACH, FL

Mailing Address
6766 FOREST HILL BLVD.
W. PALM BEACH, FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0944328

Applied For
Not Applicable

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

GONZALEZ, MARIANO R JR
16600 N.W. 67TH AVENUE
STE. 308
MIRAMAR, FL 33014

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's signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$560.00
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** ☐ Delete
NAME **GRNJA, VLADIMIR**
STREET ADDRESS **923 CAPTIVA DRIVE**
CITY-ST-ZIP **HOLLYWOOD, FL 33019**

TITLE **VP** ☐ Delete
NAME **GRNJA, MARK CEO**
STREET ADDRESS **1024 HARRISON STREET**
CITY-ST-ZIP **HOLLYWOOD, FL 33019**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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)(1), 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

3/28/03
Date

(954) 925-3449
Daytime Phone #

CR2E034 (10/02)