

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000111738

1. Entity Name

DIAGNOSTIC IMAGING SERVICES CONSOLIDATED, INC.

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90372 030 \*\*\*550.00

769620



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1129 BOCA COVE LANE  
HIGHLAND BEACH FL 33487

Mailing Address

1129 BOCA COVE LANE  
HIGHLAND BEACH FL 33487

2. Principal Place of Business

1730 S. Federal Hwy

3. Mailing Address

1730 S. Federal Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

265

265

City & State

City & State

Delray Beach, FL

Delray Beach, FL

Zip

Zip

Country

Country

33483

USA

33483

USA

4. FEI Number

65-0970048

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

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME REYNOLDS, WILLIAM C  
STREET ADDRESS 1129 BOCA COVE LANE  
CITY-ST-ZIP HIGHLAND BEACH FL 33487 ☐ Delete

TITLE PD  
NAME Reynolds, William C  
STREET ADDRESS 1730 S. Federal Hwy #265  
CITY-ST-ZIP Delray Beach, FL 33483 ☒ Change ☐ Addition

TITLE VD  
NAME GOLDSTEIN, DAVID A  
STREET ADDRESS 1129 BOCA COVE LANE  
CITY-ST-ZIP HIGHLAND BEACH FL 33487 ☐ Delete

TITLE VD  
NAME Goldstein, David A  
STREET ADDRESS 1730 S. Federal Hwy #265  
CITY-ST-ZIP Delray Beach, FL 33483 ☒ Change ☐ Addition

TITLE STD  
NAME MASTERMAN, MICHAEL F  
STREET ADDRESS 1129 BOCA COVE LANE  
CITY-ST-ZIP HIGHLAND BEACH FL 33487 ☐ Delete

TITLE STD  
NAME Masterman, Michael  
STREET ADDRESS 1730 S. Federal Hwy #265  
CITY-ST-ZIP Delray Beach, FL 33483 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)