

# 2001 UNIFORM BUSINESS REPORT (UBR)

Page 1 of 2

DOCUMENT # **S41619**

1. Entity Name  
**WOMEN'S CENTER FOR RADIOLOGY, P.A.**

Principal Place of Business  
**1621 N MILLS AVENUE  
ORLANDO FL 32803**

Mailing Address  
**1621 N MILLS AVENUE  
ORLANDO FL 32803**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3054144**

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

**CURRY, SUSAN L.  
1621 N MILLS AVENUE  
ORLANDO FL 32803**

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CURRY, SUSAN L.  
1621 N MILLS AVENUE  
ORLANDO FL 32803**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BERRIOS, ALMA L.  
1621 N MILLS AVENUE  
ORLANDO FL 32803**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

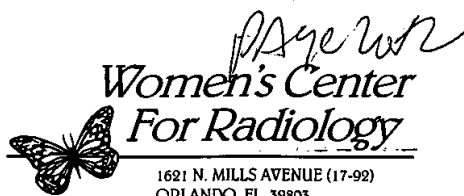
Daytime Phone #

7-26-01 (407) 841-0822

78

CR2E034 (5/01)

FILED  
01 AUG 10 PM 12:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1621 N. MILLS AVENUE (17-92)  
ORLANDO, FL 32803

1718 S. ORANGE AVENUE  
ORLANDO, FL 32806

(407) 841-0822  
(800) 367-1870  
(407) 841-0411 fax  
wcrorlando@aol.com

August 6, 2001

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

RE: S41619 & F84253

To Whom It May Concern:

On July 25, 2001 Women's Center for Radiology, P.A. mailed a check for \$1,100.00 for Reference number S41619 and F84253. Per Tyrone in the Division of Corporations, the \$1,100.00 was posted all to F84253 and should have been split to post \$550.00 to each reference number.

Thank you in advance for making this correction.

Sincerely,

*Susan L. Curry, MD/kve*  
Susan L. Curry, M.D.