

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90055 009 \*\*\*158.75

**DOCUMENT # P01000012275**

1. Entity Name

**RADIOLOGY ASSOCIATES OF HOLLYWOOD, P.A.**

Principal Place of Business

**9050 PINES BLVD. SUITE 200  
 PEMBROKE PINES FL 33024**

Mailing Address

**9050 PINES BLVD SUITE 200  
 PEMBROKE PINES FL 33024**

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

**65-1075205**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**LAPIDUS, STEVEN B  
 1221 BRICKELL AVENUE 21ST FLOOR  
 MIAMI FL 33131**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Dir. Radiology Ass. of Hollywood PA <b>David A. Epstein, MD</b> 9050 Pines Blvd. Ste 200 Pembroke Pines, FL 33024	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P., Dir Radiology Associates of Hollywood PA <b>Mark Schwimmer, MD</b> 9050 Pines Blvd Suite 200 Pembroke Pines, FL 33024	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec./Treasurer Dir Rad. Assoc of Hollywood PA <b>Michael E. Roberts, MD</b> 9050 Pines Blvd. Suite 200 Pembroke Pines, FL 33024	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	See attached	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/30/02 (454) 437-4800**

CR2E034 (9/01)

316588

Attachment Pol 1000 12275

TITLE	Assistant V.P., Director Mammography / Women's Center MRH	<input type="checkbox"/> CHANGE	<input checked="" type="checkbox"/> ADDITION
NAME	Robert I. Appelman, MD		
STREET ADDRESS	9050 Pines Blvd. Suite 200		
CITY-ST-ZIP	Pembroke Pines, FL 33024		

TITLE	Assistant V.P., Director Interventional Radiology MRH	<input type="checkbox"/> CHANGE	<input checked="" type="checkbox"/> ADDITION
NAME	Michael J. Borushok, MD		
STREET ADDRESS	9050 Pines Blvd. Suite 200		
CITY-ST-ZIP	Pembroke Pines, FL 33024		

TITLE	V.P., Director NeuroRadiology MRH	<input type="checkbox"/> CHANGE	<input checked="" type="checkbox"/> ADDITION
NAME	Bruce H. Braffman, MD		
STREET ADDRESS	9050 Pines Blvd. Suite 200		
CITY-ST-ZIP	Pembroke Pines, FL 33024		

TITLE	V.P., Director Radiation Oncology MRH	<input type="checkbox"/> CHANGE	<input checked="" type="checkbox"/> ADDITION
NAME	Herbert E. Brizel, MD		
STREET ADDRESS	9050 Pines Blvd. Suite 200		
CITY-ST-ZIP	Pembroke Pines, FL 33024		

TITLE	Assistant V.P., Director, Interventional Radiology MHW	<input type="checkbox"/> CHANGE	<input checked="" type="checkbox"/> ADDITION
NAME	Jeffrey L. Dach, MD		
STREET ADDRESS	9050 Pines Blvd. Suite 200		
CITY-ST-ZIP	Pembroke Pines, FL 33024		

TITLE	V.P., Director, NeuroInterventional Radiology MRH	<input type="checkbox"/> CHANGE	<input checked="" type="checkbox"/> ADDITION
NAME	Hoang Duong, MD		
STREET ADDRESS	9050 Pines Blvd. Suite 200		
CITY-ST-ZIP	Pembroke Pines, FL 33024		

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Attachment

# Pol 0006285

TITLE	V.P., Director Mammography / Women's Center MHW	<input type="checkbox"/> CHANGE	<input checked="" type="checkbox"/> ADDITION
NAME	Hugh M. Eisen, MD		
STREET ADDRESS	9050 Pines Blvd. Suite 200		
CITY-ST-ZIP	Pembroke Pines, FL 33024		

TITLE	Assistant V.P., Director Interventional Radiology MRH	<input type="checkbox"/> CHANGE	<input checked="" type="checkbox"/> ADDITION
NAME	David H. Epstein, MD		
STREET ADDRESS	9050 Pines Blvd. Suite 200		
CITY-ST-ZIP	Pembroke Pines, FL 33024		

TITLE	Assistant V.P., Director Pediatric Radiology JDCH	<input type="checkbox"/> CHANGE	<input checked="" type="checkbox"/> ADDITION
NAME	Jonathan Fields, MD		
STREET ADDRESS	9050 Pines Blvd. Suite 200		
CITY-ST-ZIP	Pembroke Pines, FL 33024		

TITLE	V.P., Director Ultrasound / Echocardiology Memorial Healthcare System	<input type="checkbox"/> CHANGE	<input checked="" type="checkbox"/> ADDITION
NAME	Herbert M. Goldberg, MD		
STREET ADDRESS	9050 Pines Blvd. Suite 200		
CITY-ST-ZIP	Pembroke Pines, FL 33024		

TITLE	V.P., Director Radiology MHW	<input type="checkbox"/> CHANGE	<input checked="" type="checkbox"/> ADDITION
NAME	Lester R. Goldberg, MD		
STREET ADDRESS	9050 Pines Blvd. Suite 200		
CITY-ST-ZIP	Pembroke Pines, FL 33024		

TITLE	V.P., Director Mammography / Women's Center	<input type="checkbox"/> CHANGE	<input checked="" type="checkbox"/> ADDITION
NAME	Mary Hayes-Macaluso, MD		
STREET ADDRESS	9050 Pines Blvd. Suite 200		
CITY-ST-ZIP	Pembroke Pines, FL 33024		

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Attachment # P0100012275

TITLE	Assistant V.P., Director Interventional Radiology MRH	<input type="checkbox"/> CHANGE	<input checked="" type="checkbox"/> ADDITION
NAME	Neal Joseph, MD		
STREET ADDRESS	9050 Pines Blvd. Suite 200		
CITY-ST-ZIP	Pembroke Pines, FL 33024		

TITLE	Assistant V.P., Director Operations MRH	<input type="checkbox"/> CHANGE	<input checked="" type="checkbox"/> ADDITION
NAME	Neil B. Kappelman, MD		
STREET ADDRESS	9050 Pines Blvd. Suite 200		
CITY-ST-ZIP	Pembroke Pines, FL 33024		

TITLE	Assistant V.P., Director NeuroRadiology MRH	<input type="checkbox"/> CHANGE	<input checked="" type="checkbox"/> ADDITION
NAME	Peter A. Livingston, MD		
STREET ADDRESS	9050 Pines Blvd. Suite 200		
CITY-ST-ZIP	Pembroke Pines, FL 33024		

TITLE	Assistant V.P., Director Mammography / Women's Center MRH	<input type="checkbox"/> CHANGE	<input checked="" type="checkbox"/> ADDITION
NAME	Sheldon Z. Masel, MD		
STREET ADDRESS	9050 Pines Blvd. Suite 200		
CITY-ST-ZIP	Pembroke Pines, FL 33024		

TITLE	V.P., Director Outpatient Radiology Memorial Healthcare System	<input type="checkbox"/> CHANGE	<input checked="" type="checkbox"/> ADDITION
NAME	Leonard Rosendorf, MD		
STREET ADDRESS	9050 Pines Blvd. Suite 200		
CITY-ST-ZIP	Pembroke Pines, FL 33024		

TITLE	Assistant V.P., Director Magnetic Resonance Imaging MRH	<input type="checkbox"/> CHANGE	<input checked="" type="checkbox"/> ADDITION
NAME	Lionel D. Savadier, MD		
STREET ADDRESS	9050 Pines Blvd. Suite 200		
CITY-ST-ZIP	Pembroke Pines, FL 33024		

Attachment

316588

#P01000012275

TITLE	V.P., Director Interventional Radiology MRH	<input type="checkbox"/> CHANGE	<input checked="" type="checkbox"/> ADDITION
NAME	Stephen W. Schoenbaum, MD		
STREET ADDRESS	9050 Pines Blvd. Suite 200		
CITY-ST-ZIP	Pembroke Pines, FL 33024		

TITLE	V.P., Director Pediatric Radiology JDCH	<input type="checkbox"/> CHANGE	<input checked="" type="checkbox"/> ADDITION
NAME	Jonathan Shapir, MD		
STREET ADDRESS	9050 Pines Blvd. Suite 200		
CITY-ST-ZIP	Pembroke Pines, FL 33024		

TITLE	Assistant V.P., Director Mammography / Women's Center MHW	<input type="checkbox"/> CHANGE	<input checked="" type="checkbox"/> ADDITION
NAME	Roger A. Styles, MD		
STREET ADDRESS	9050 Pines Blvd. Suite 200		
CITY-ST-ZIP	Pembroke Pines, FL 33024		

TITLE	V.P., Director Radiology MHP	<input type="checkbox"/> CHANGE	<input checked="" type="checkbox"/> ADDITION
NAME	Trevor R. Swerdlow, MD		
STREET ADDRESS	9050 Pines Blvd. Suite 200		
CITY-ST-ZIP	Pembroke Pines, FL 33024		

TITLE	V.P., Director Radiation Oncology Memorial Healthcare System	<input type="checkbox"/> CHANGE	<input checked="" type="checkbox"/> ADDITION
NAME	Sandra S. Woolfitt, MD		
STREET ADDRESS	9050 Pines Blvd. Suite 200		
CITY-ST-ZIP	Pembroke Pines, FL 33024		