

193 Amendment  
**2001 UNIFORM BUSINESS REPORT (UBR)**

Page 1 of 3

**DOCUMENT #** 603993  
**1. Entity Name**  
 RADIOLOGY ASSOCIATES of TAMPA, P.A.

**FILED**  
 01 OCT 16 PM 1:59  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**Principal Place of Business**  
 511 W Bay St.  
 Ste 301  
 TAMPA, FL 33606

**Mailing Address**  
 SAME

**2. Principal Place of Business**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
 City & State

**Zip**      **Country**      **Zip**      **Country**

**4. FEI Number**  
 59-1433551

**Applied For**  
 Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
~~Stenzler, Stephen A.~~  
 511 W. Bay St  
 Suite 301  
 TAMPA, FL 33606

**7. Name and Address of New Registered Agent**  
**Name** Hemant D. Chheda - President  
**Street Address (P.O. Box Number is Not Acceptable)**  
 511 W. Bay St. Suite 301  
**City** TAMPA **FL** **Zip Code** 33606

**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**   **800004659768**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  
 -10/30/01--01089--001  
 \*\*\*\*\*61.25 \*\*\*\*\*61.25

**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**

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

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
V.PRES	LAWRENCE GRUNDY	511 W. BAY ST Suite 301	TAMPA FL 33606	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V. Pres.	JERRY POKLEPOVIC	511 W. BAY ST Suite 301	TAMPA FL 33606	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V. Pres.	CHARLES FISHER	511 W. BAY ST. #301	TAMPA, FL 33606	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V.PRES.	RAUL R. OTERO	511 W. BAY ST. #301	TAMPA, FL 33606	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V. Pres	THOMAS BLACK	511 W. BAY ST #301	TAMPA FL 33606	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V. Pres.	CARLOS R. MARTINEZ	511 W. BAY ST Suite #301	TAMPA FL 33606	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**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 \_\_\_\_\_ Day(s) Phone # \_\_\_\_\_

CR2E034 (1/1/00)

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name  
RADIOLOGY Assoc. of Tampa, P.A.

Principal Place of Business Mailing Address  
511 W. Bay St. Suite #301  
TAMPA, FL 33606

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE  
4. FEI Number Applied For  
59-1433551 Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
~~Stephen Stenzler~~  
511 W. Bay St  
Suite #301  
TAMPA, FL 33606

7. Name and Address of New Registered Agent  
Name: Hemant D. Chheda - Pres  
Street Address (P.O. Box Number is Not Acceptable): 511 W. Bay St. Suite #301  
City: TAMPA FL Zip Code: 33606

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] DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**  
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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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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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	V. Pres. Shelly P. BAUMANN 511 W. Bay St Suite 301 Tampa, FL 33606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. Pres. James Cates 511 W. Bay #301 Tampa, FL 33606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. Pres. Claude B. Luidi 511 W. Bay #301 Tampa, FL 33606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. Pres. Stephen Stenzler 511 W. Bay St #301 Tampa, FL 33606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. Pres. Avery Evans 511 W. Bay St. #301 Tampa, FL 33606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. Pres. Miguel Del Toro 511 W. Bay St #301 TAMPA, FL 33606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)



3 of 3 AMENDMENT  
**2001 UNIFORM BUSINESS REPORT (UBR)**

Page 3 of 3

**DOCUMENT #**  
 1. Entity Name  
 RADIOLOGY Assoc. of TAMPA, P.A.

Principal Place of Business Mailing Address  
 511 W. Bay St. SAME  
 Suite 301  
 TAMPA, FL 33606

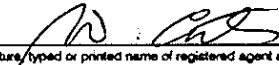
2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

4. FEI Number Applied For  
 59-1433551 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

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6. Name and Address of Current Registered Agent  
 Stephen Stenzler  
 511 W. Bay St Suite 301  
 TAMPA, FL 33606

7. Name and Address of New Registered Agent  
 Name Hemant Chheda Pres.  
 Street Address (P.O. Box Number is Not Acceptable)  
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
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				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
V. Pres	Bruce Kudryk	511 W. Bay St. #301	TAMPA FL 33606	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V. Pres	MARITIN ESPINO-MAYO	511 W. Bay St. #301	TAMPA, FL 33606	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V. Pres	Douglas Rodriguez	511 W. Bay St #301	TAMPA FL 33606	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V. Pres	RAJENDRA P. KESTER	511 W. Bay St #301	TAMPA, FL 33606	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)