

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91161 034 \*\*\*150.00

DOCUMENT # **603993**

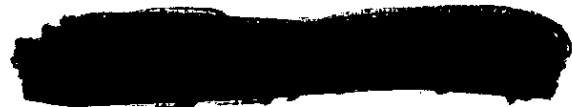
1. Entity Name  
~~RADIOLOGY ASSOCIATES OF TAMPA, P.A.~~  
**TOWER IMAGING, INC.**

*n/c*

*Am*

Principal Place of Business  
**511 W BAY ST**  
**STE 301**  
**TAMPA FL 33606**  
**US**

Mailing Address  
**511 W BAY ST**  
**SUTIE 301**  
**TAMPA FL 33606**  
**US**



DO NOT WRITE IN THIS SPACE

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

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 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  
**CHHEDA, HEMANT D**  
**511 W BAY ST**  
**SUITE 301**  
**TAMPA FL 33606**

7. Name and Address of New Registered Agent  
 Name **Bruce R. Zwiebel - President**  
 Street Address (P.O. Box Number is Not Acceptable)  
**511 WEST BAY Street, 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 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**  
**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	V TRUNOY, LAWERENCE 511 W BAY ST #301 TAMPA FL 33606 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KUDRYK, BRUCE 511 W BAY ST, STE 301 TAMPA FL 33606 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLACK, THOMAS 511 W BAY ST STE 301 TAMPA FL 33606 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARTINEZ, CARLOS R 511 W BAY ST STE 301 TAMPA FL 33606 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OTERO, RAUL R 511 W BAY ST STE 301 TAMPA FL 33606 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FISHER, CHARLES 511 W BAY ST, STE. 301 TAMPA FL 33606 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEPHEN STENZLER 511 WEST BAY Street, Suite 301 Tampa, FL 33606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Hemant D. Chheda 511 WEST BAY Street, Suite 301 Tampa FL 33606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V James CATES 511 WEST Bay Street, Suite 301 Tampa, FL 33606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V shelly Baumann 511 WEST Bay Street, Suite 301 Tampa FL 33006 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Claude Guido 511 WEST BAY Street, Suite 301 Tampa FL 33606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Jerry Boklepovic 511 WEST BAY Street Suite 301 Tampa FL 33606 <input type="checkbox"/> Change <input checked="" 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 like empowered.

SIGNATURE: DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)

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

Attachment  
DOC# 603993  
667367

DOCUMENT # **603993**  
1. Entity Name: **TOWER IMAGING, INC.**

**DO NOT WRITE IN THIS SPACE**

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

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name: **Bruce Zwiebel**  
Street Address (P.O. Box Number is Not Acceptable):  
**511 West Bay Street 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: \_\_\_\_\_ (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)   
January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

**11. MORE ADDITIONS AND DIRECTORS**

TITLE: <input checked="" type="checkbox"/> ADD	TITLE: _____
NAME: <b>BHARAT PATEL</b>	NAME: _____
STREET ADDRESS: <b>511 WEST BAY Street, Suite 301</b>	STREET ADDRESS: _____
CITY-ST-ZIP: <b>Tampa FL 33606</b>	CITY-ST-ZIP: _____
TITLE: <input checked="" type="checkbox"/> ADD	TITLE: _____
NAME: <b>AVERY EVANS</b>	NAME: _____
STREET ADDRESS: <b>511 WEST BAY Street, Suite 301</b>	STREET ADDRESS: _____
CITY-ST-ZIP: <b>Tampa, FL 33606</b>	CITY-ST-ZIP: _____
TITLE: <input checked="" type="checkbox"/> ADD	TITLE: _____
NAME: <b>Marilyn Espino-Maya</b>	NAME: _____
STREET ADDRESS: <b>511 WEST BAY Street Suite 301</b>	STREET ADDRESS: _____
CITY-ST-ZIP: <b>Tampa FL 33606</b>	CITY-ST-ZIP: _____
TITLE: <input checked="" type="checkbox"/> ADD	TITLE: _____
NAME: <b>Douglas Rodriguez</b>	NAME: _____
STREET ADDRESS: <b>511 WEST BAY Street, Suite 301</b>	STREET ADDRESS: _____
CITY-ST-ZIP: <b>Tampa, FL 33606</b>	CITY-ST-ZIP: _____
TITLE: <input checked="" type="checkbox"/> ADD	TITLE: _____
NAME: <b>RAJENDRA KEDAK</b>	NAME: _____
STREET ADDRESS: <b>511 WEST BAY Street, Suite 301</b>	STREET ADDRESS: _____
CITY-ST-ZIP: <b>Tampa, FL 33606</b>	CITY-ST-ZIP: _____
TITLE: <input checked="" type="checkbox"/> ADD	TITLE: _____
NAME: <b>MIGUEL H. DEL TORO</b>	NAME: _____
STREET ADDRESS: <b>511 WEST BAY STREET, SUITE 301</b>	STREET ADDRESS: _____
CITY-ST-ZIP: <b>TAMPA, FL 33606</b>	CITY-ST-ZIP: _____

**DO NOT WRITE IN THIS SPACE**

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 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: \_\_\_\_\_

CR2E034B (12/01)

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

*Attachment  
DOC # 603993  
667367*

DOCUMENT # **603993**  
1. Entity Name:  
**TOWER IMAGING, INC.**

**DO NOT WRITE IN THIS SPACE**

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

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**59-1433551**

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name: **Bruce Zwiebel**  
Street Address (P.O. Box Number is Not Acceptable):  
**511 West Bay Street 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. **MORE ADDITIONS** OFFICERS AND DIRECTORS

**P/D** **at add**

TITLE	<b>P/D</b>
NAME	<b>BRUCE R. ZWIEBEL</b>
STREET ADDRESS	<b>511 WEST BAY STREET, SUITE 301</b>
CITY-ST-ZIP	<b>TAMPA, FL 33606</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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 on an attachment with an address, with all other filers empowered.

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

CR2E034B (12/01)