2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002810

RADIOLOGY ASSOCIATES OF CENTRAL FLORIDA, P.L

Principal Place of Business

Mailing Address

FILED Apr 16, 2002 8:00 am Secretary of State 04-16-2002 90092 017 ****50.00

801 E. DIXIE AVENUE. SUITE 104 LEESBURG FL 34748		801 E. DIXIE AVENUE. SUITE 104 LEESBURG FL 34748							
2. Principal Place of Business		3. Mailing Address		i			.B 11884 (818)	il e li se li l es l	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WR	ITE IN THIS SP	ACE	ختمه سنگ تبونسن	
City & State		City & State		4. FEIT	4. FEI Number 59-3635297		Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certi	ficate of Status Desired		5.00 Add	ditional	1
	6. Name and Address of Current	Registered Agent		7. Nam	e and Address of New	Registered Aç	gent		1
			Name	Name					
801	LER, CATHERINE E M.D. E. DIXIE AVENUE, SUITE 104		Street	Street Address (P.O. Box Number is Not Acceptable)					
LEC	SBURG FL 34748								ŀ
			City			FL	Zip Cod	le	
8. The above	named entity submits this statement fo	r the purpose of changing its	registered office of	or registered agent.	or both, in the State of F	lorida.	4		1
		and heart and a second and		~ _					
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable //NOTE	- Registered Agent slops	ature required when reinstal	ing)	DATE			
	Signature, typed or printed hearts or registered agents				T	DAIL			1
		Make Check Pa	OW!!! FEE IS	•		m 1			1
		l l	By May 1, 20						
9.	MANAGING MEMBE	 RS/MANAGERS	10.		ADDITIONS	CHANGES			-
TITLE	MGRM	☐ Delete	TITLE	MERM			☐ Change	Addition	3
NAME	KELLER, CATHRINE E MD		NAMÉ	# BHATIA	MANOJ MD				18
STREET ADDRESS	801 E DIXIE AVE., #104		STREET ADDRESS	LEESBURG	É AVE., #104 FL 34747				Š
CITY-ST-ZIP	LEESBURG FL 34747 MGRM	П	CITY-ST-ZIP	LEBBURG	10 29171			- Addition	- 5
TITLE NAME	LEVINE, MICHAEL S MD	☐ Delete	TITLE NAME			ļ	☐ Change	☐ Addition	1,
STREET ADDRESS	801 E DIXIE AVE., #104		STREET ADDRESS						
CITY-ST-ZIP	LEESBURG FL 34747		CITY-ST-ZIP						1
TITLE	MGRM	☐ Delete	TITLE				☐ Change	Addition	1
NAME	Gurinsky, Joseph S MD		NAME						1
STREET ADDRESS	801 E DIXIE AVE., #104		STREET ADDRESS						1
CITY-ST-ZIP	LEESBURG FL 34747		CITY-ST-ZIP						4
TITLE	MGRM	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS	JACOBSON, MARK MD 801 E DIXIE AVE., #104	Section and the second	NAME STREET ADDRESS						1
CITY-ST-ZIP	LEESBURG FL 34747		CITY-ST-ZIP			=			
TITLE	MGRM	☐ Delete	TITLE				☐ Change	Addition	1
NAME	SCHWARTZBERG, MARC MD	LL Delete	NAME						
STREET ADDRESS	801 E DIXIE AVE., #104		STREET ADDRESS						
CITY-ST-ZIP	LEESBURG FL 34747		CITY-ST-ZIP						
TITLE (MGRM	☐ Delete	TITLE				Change	☐ Addition	1
	WEYN, DAVID C MD		NAME						l
STREET ADDRESS	801 E DIXIE AVE., #104		STREET ADDRESS CITY-ST-ZIP						
CITY-ST-ZIP	LEESBURG FL 34747	this filing does not available.	, .	ted in Co-ti 410	07/3Vi) Florid- 04-4-4	I formely an anades	(, shaa shaa)		-
in Thereby (certify that the information supplied with	uns bing does not quality for	uie exemption Sta	2.00 m 360000 119.	ortojuj, ribilda Statules	. Humber Certif	y marine ii	поппацоп	1

indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Davtime Phone #