

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90092 017 \*\*\*\*50.00

**DOCUMENT # L00000Q02810**

1. Entity Name  
**RADIOLOGY ASSOCIATES OF CENTRAL FLORIDA, P.L.**

Principal Place of Business <b>801 E. DIXIE AVENUE, SUITE 104          LEESBURG FL 34748</b>	Mailing Address <b>801 E. DIXIE AVENUE, SUITE 104          LEESBURG FL 34748</b>
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DO NOT WRITE IN THIS SPACE

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 <b>59-3635297</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**KELLER, CATHERINE E M.D.  
 801 E. DIXIE AVENUE, SUITE 104  
 LEESBURG FL 34748**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM KELLER, CATHRINE E MD 801 E DIXIE AVE., #104 LEESBURG FL 34747</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LEVINE, MICHAEL S MD 801 E DIXIE AVE., #104 LEESBURG FL 34747</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GURINSKY, JOSEPH S MD 801 E DIXIE AVE., #104 LEESBURG FL 34747</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM JACOBSON, MARK MD 801 E DIXIE AVE., #104 LEESBURG FL 34747</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SCHWARTZBERG, MARC MD 801 E DIXIE AVE., #104 LEESBURG FL 34747</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WEYN, DAVID C MD 801 E DIXIE AVE., #104 LEESBURG FL 34747</b> <input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BHATIA, MANOJ MD 801 E DIXIE AVE., #104 LEESBURG, FL 34747</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 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:** *Catherine Keller* **REQUIRED** 4/3/02  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)