

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90491 032 \*\*\*150.00

**DOCUMENT # P01000085272**

1. Entity Name

**RADIOLOGY ASSOCIATES OF TAMPA I, INC.**

Principal Place of Business

**511 WEST BAY STREET  
 SUITE 301  
 TAMPA FL 33606**

Mailing Address

**511 WEST BAY STREET  
 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

**59-374 0614**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STENZLER, STEPHEN M.D.**

**511 WEST BAY STREET**

**SUITE 301**

**TAMPA FL 33606**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **P**  
 STREET ADDRESS **ZWIEBEL, BRUCE R.**  
 CITY-ST-ZIP **511 WEST BAY STREET SUITE 301  
 TAMPA, FL 33606**

TITLE ☐ Change ☒ Addition  
 NAME **V**  
 STREET ADDRESS **PATEL, BHARAT U.**  
 CITY-ST-ZIP **511 W BAY STREET SUITE 301  
 TAMPA, FL 33606**

TITLE ☐ Change ☒ Addition  
 NAME **S**  
 STREET ADDRESS **EVANS, AVERY J.**  
 CITY-ST-ZIP **511 W BAY STREET SUITE 301  
 TAMPA, FL 33606**

TITLE ☐ Change ☒ Addition  
 NAME **V**  
 STREET ADDRESS **POKLEPOVIC, JERRY**  
 CITY-ST-ZIP **511 W BAY STREET SUITE 301  
 TAMPA, FL 33606**

TITLE ☐ Change ☒ Addition  
 NAME **V**  
 STREET ADDRESS **FISHER, CHARLES H.**  
 CITY-ST-ZIP **511 W BAY STREET SUITE 301  
 TAMPA, FL 33606**

TITLE ☐ Change ☒ Addition  
 NAME **V**  
 STREET ADDRESS **OTERO, RAUL R.**  
 CITY-ST-ZIP **511 W BAY STREET SUITE 301  
 TAMPA, FL 33606**

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

Daytime Phone #

CR2E034 (9/01)

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000085272

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Attachment  
Doc# P01000085272

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SUITE 301  
TAMPA FL 33606

Mailing Address

511 WEST BAY STREET  
SUITE 301  
TAMPA FL 33606



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

59-3740614

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STENZLER, STEPHEN M.D.  
511 WEST BAY STREET  
SUITE 301  
TAMPA FL 33606

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                                                |                                 |                                                |                                                                                         |
|------------------------------------------------|---------------------------------|------------------------------------------------|-----------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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2. Principal Place of Business

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Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-374061A

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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STENZLER, STEPHEN M.D.  
511 WEST BAY STREET  
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Name

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
BLACK, THOMAS J.  
511 W BAY STREET SUITE 301  
TAMPA, FL 33606

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
MARTINEZ, CARLOS R.  
511 W BAY STREET SUITE 301  
TAMPA, FL 33606

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
BAUMANN, SHELLY P.  
511 W BAY STREET SUITE 301  
TAMPA, FL 33606

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
CATES, JAMES D.  
511 W BAY STREET SUITE 301  
TAMPA, FL 33606

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
GUIDI, CLAUDE B.  
511 W BAY STREET SUITE 301  
TAMPA, FL 33606

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
STENZLER, STEPHEN A.  
511 W. BAY STREET SUITE 301  
TAMPA, FL 33606

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SIGNATURE:

*Stephen Stenzler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #