P01000085272

2002 UNIFORM BUSINESS REPORT (ÜBR)

DOCUMENT# 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						88341 88181 18181 81118 11811 1 				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. FEI Number Applied For					
Zip ·	Country	 			59-374 06 14 Not Applicable					
Zip /	Country	Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required					
6.	Name and Address of Current F	Registered Agent	-	أحسمي يشاحب	7. Name and Address of New Re	gistered Agent				
STENZLER, STEPHEN M.D. 511 WEST BAY STREET				Name Street Address (P.O. Box Number is Not Acceptable)						
SUITE 301 TAMPA FL 336	06			City FL Zip Code						
SIGNATURE Signature 9. This corporation	re, typegor printed name of ogstered agent and is eligible to satisfy its Intangible ement and elects to do so.	ond title of policable. (NO	TE: Registered Age	ant signature required what \$150.00	en reinstating) 10. Election Campaign Finar Trust Fund Contribution.	DATE	0 May Be			
				riment of State						
11.	OFFICERS AND D		12.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS	3 IN 11			
TITLE		☐ Delete	TITLE	P	an Bauca l	☐ Change	X Addition			
NAME			NAME	ZWIE	BEL, BRUCE R.	Suite Bal				
STREET ADDRESS			STREET AD		IEST BAY STREET	Juine Jui	}			
CITY-ST-ZIP			CITY-ST-2	IP TAM	PA, FL 33606	w				
TITLE		☐ Delete	TITLE	Y	2	☐ Change	🔀 Addition			
NAME			NAME	PATE	L, BHARAT U. Y BAY STREET S	24 261				
STREET ADDRESS:			STREET AD			WITE JOI				
CITY-ST-ZIP		7075	CITY-ST-2	TAMP	A FL 33606					
TITLE		☐ Delete	TITLE	5		☐ Change	Addition			
NAME			NAME	EVAN	S, AVERY J. BAY STREET S	>01				
STREET ADDRESS			STREET AD			UITE JUI				
CITY-ST-ZIP			CITY-ST-Z	TAMI	PA, FL 33606					
TITLE		☐ Delete	TITLE	Y		☐ Change	Addition			
NAME			NAME	POKL	POVIC, JERRY	·				
STREET ADDRESS			STREET AD	DRESS 311	N BAY STREET S	UITE 301	}			
CITY-ST-ZIP			CITY-ST-Z	TAMP	A, FL 33606					
TITLE		☐ Delete	TITLE	[<u>V</u>	ا د مالاه د	☐ Change	Addition .			
NAME			NAME	FISHE	R CHARLES H. BAY STREET SU		1			
STREET ADDRESS			STREET AD	DRESS 511 N	BAY STREET SU	ITE 301				
CITY-ST-ZIP			CITY-ST-Z	TAMI	PA, FL 33606					
TITLE		☐ Delete	TITLE	 Y		☐ Change	Addition			
NAME			NAME		D, RAUL R.	_	l			
STREET ADDRESS			STREET AD		BAY STREET SU	ITE 301	-			
CITY-ST-ZIP	* -		CITY-ST-Z	TAME	PA. FL 33606		i i			
13. I hereby certify to indicated on this	that the information supplied with to s report or supplemental report is t	his filing does not qualify for rue and accurate and that	r the exemption	on stated in Section	on 119.07(3)(i), Florida Statutes. I funde legal effect as if made under oat	irther certify that the in	formation 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:

Daytime Phone #

2002	2 UNI	FORM BUS	INESS REPO	ORT (UE	$\mathbf{3R}) \wedge f \in \mathbb{A} \mathbb{A} \mathbb{A}$
DOCUMENT # P01000085272					Affachment MHPNINNOSSX
RADIOLOGY ASSOCIATES OF TAMPA I, INC.					1000#P010000852
Principal Plac	e of Busines	S	Mailing Address		
511 WEST BAY STREET			511 WEST BAY STREET		
SUITE 301 TAMPA FL 33606		SUITE 301 TAMPA FL 33606			
•					
2. Principal P	lace of Busin	ess	3. Mailing Address		I ABRINDOS SIN ODIOS SIRBIN DENIS DONIS BONIN BRIDO INCOLONIO INDICIDANT INDICIDANT INDICIDANT
Suite, Apt. #, etc.			Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State	е	•	City & State		4. FEI Number Applied For Not Applicable
Zip		Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
07EN7(E	D OTENIE			Name	e
	r, stephe I bay stri			Stree	et Address (P.O. Box Number is Not Acceptable)
SUITE 30		LLI			
TAMPA FL				City	FL Zip Code
8 The above	named entit	u submite this statement f	or the purpose of changing it	n registered office	e or registered agent, or both, in the State of Florida.
u. The accove	named enn	y submits this statement i	or the purpose of changing it	s registered office	e or registered agent, or both, in the State of Florida.
SIGNATURE.	Signature, typed	or printed name of registered agen	and title if applicable. (NO	ITE: Registered Agent sig	gnature required when reinstaling} DATE
Tax filing r		ible to satisfy its Intangibl and elects to do so.		/!!! FEE IS \$15 002 Fee will be	\$550.00 Specification Campaign Financing \$5.00 May Be
11.		OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE			☐ Delete	TITLE	CHHEDA, HEMANT D. Change MAddition
NAME STREET ADDRESS				NAME STREET ADDRES	The second of th
CITY-ST-ZIP				CITY-ST-ZIP	TAMPA. FL 33606
TITLE			☐ Delete	TITLE	V Change M Addition
NAME STREET ADDRESS				NAME STREET ADDRES	DEL TORO MIGHEL H. SS 511 W BAY STREET SUITE 301
° CITY-ST-ZIP ° °	e garabet o rate			CITY-ST-ZIP	TAMPA, FL 33606
TITLE			☐ Delete	TITLE	KUDRYK BRUCE T.
NAME STREET ADDRESS				NAME STREET ADDRES	
CITY-ST-ZIP	· 			CITY-ST-ZIP	TAMPA, FL 33606
TITLE			☐ Delete	TITLE	
NAME STREET ADDRESS				NAME STREET ADDRES	ESPINO-MAYA, MARILIN
CITY-ST-ZIP				CITY-ST-ZIP	SS 511 W BAY STREET SUITE 301 TAMPA, FL 33606
TITLE			☐ Delete	TITLE	Y ☐ Change ➤ Additio:
NAME Street address				NAME STREET ADDRES	RODRIGUEZ, DOUGLAS SI W BAY STREET SUITE 301
CITY-ST-ZIP				CITY-ST-ZIP	TAMPA, FL 33606
TITLE			☐ Delete	TITLE	Change Additio
NAME Street Address				NAME STREET ADDRES	KEDAR, RAJENDRA P. SII W BAY STREET SUITE 301
CITY-ST-ZIP				CITY-ST-ZIP	TAMPA. FL 33606
maioatoa	OF UNSTRUC	n or supplemental report i	s inne and accurate and mat	my stanature sna	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information
changed,	or on an att	achment with an address,	with all other like empowered	n as required by C d.	Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 it

SIGNATURE: Signature and type on Printed Marie of Signing Officer or Director Date Daytime Phone #

2002	UNIFORM BUS	INESS REPO	RT (U	BR)	Miles	MM am-	A			
DOCUMENT # P0100085272					MI	Horis	# 1000	15	177	
1. Entity Nam	GY ASSOCIATES OF TAME	'A I, INC.			DUG	# POLO	1000	50%	A 10	
Principal Place of Business 511 WEST BAY STREET		Mailing Address 511 WEST BAY STREET								
SUITE 301 TAMPA FL 33606		Suite 301 Tampa fl 33606								
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE						
City & State		City & State		4. FEI Numb	37400	H	_ 	olied For Applicable		
Zip	Country	Zip	Country		5. Certificate	e of Status Desired		3.75 Addi e Required		
_ :	6. Name and Address of Current	Registered Agent	Na	ıme	7. Name and	d Address of New R	legistered Age	nt		
STENZLE	R, STEPHEN M.D.			Street Address (P.O. Box Number is Not Acceptable)						
	F BAY STREET					· ·				
SUITE 301 TAMPA FL 33606			Cit	City FL Zip Code				<u> </u>		
8. The above	named entity submits this statement fo	r the purpose of changing its	registered off	lice or register	red agent, or bo	oth, in the State of Fk	orida.			
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agen	t signature required	f when reinstating)	***************************************	DATE			
Tax filing i	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW! After May 1, 200 Make Check Payab	02 Fee will I	be \$550.00	∵ ∤ ⊤r	ection Campaign Fir rust Fund Contributio	~ ~		May Be to Fees	
11.	OFFICERS AND		12.	11/	ADDITIONS	/CHANGES TO OFF				
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TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADD	MAR	TINEZ,	CARLOS R STREET	_	Change	Addition	
= CITY - ST - ZIP				7AM	PA, FL	33606			1-4	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI	CATI SII	ES JAM W BAY	ES D. STREET S		Change	Addition	
TITLE		☐ Delete	TITLE	V		L 33606	Ε] Change	Additio	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADD	STE I STE I	NZLER,	STEPHEN STREET	A. Suite	301	★ Additio	
13. I hereby indicated of the cor		s true and accurate and that n owered to execute this report	r the exemption the exemption of the exe	on stated in Se	same legal effe	ect as if made under	I further certify oath; that I am ne appears in B	an officer (or director	
		1/				Jale	Usytir			