2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90354 005 ***150.00

DOCUMENT # P01000085272

1. Entity Name
RADIOLOGY ASSOCIATES OF TAMPA, INC.

Principal Place of Business	Mailing Address
511 WEST BAY STREET SUITE 301 TAMPA FL 33606	511 WEST BAY STREET SUITE 301 TAMPA FL 33606

☒ CHECK HERE IF MAKING CHANGES

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	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ZWIEBEL, BRUCE R 511 WEST BAY STREET #301 TAMPA FL 33606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D ZWIEBEL, BRUCE R 511 W BAY STREET #301 TAMPA FL 33606	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PATEL, BHARAT U 511 W BAY STREET #301 TAMPA FL 33606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D PATEL, BHARAT U 511 W BAY STREET #301 TAMPA FL 33606	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S EVANS, AVERY J 511 W BAY STREET #301 TAMPA FL 33606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D EVANS, AVERY J 511 W BAY STREET #301 TAMPA FL 33606	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V POKLEPOVIC, JERRY 511 W BAY STREET #301 TAMPA FL 33606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D DEL TORO, MIGUEL H. 511 W BAY STREET #301 TAMPA FL 33606	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V OTERO, RAUL R 511 W BAY STREET #301 TAMPA FL 33606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D FISHER, CHARLES H. 511 W BAY STREET #301 TAMPA FL 33606	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D BLACK, THOMAS J, 511 W BAY STREET #301 TAMPA FL 33606	☐ Change ☒ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/28/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

attachment

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This is an additional sheet necessary to list officer/directors

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Document # P01000085272
Radiology Associates of Tampa, Inc.
511 West Bay Street
Tampa FL 33606
FEI Number 59-3740614

11.	Additions/changes to officers and directors in 11		
Title	V/D	☐ Change	☒ Addition
Name	MARTINEZ, CARLOS R.		
Street Address	511 W BAY STREET #301		
City-St-Zip	TAMPA FL 33606		

Title	V/D	☐ Change	☒ Addition
Name	BAUMANN, SHELLY P.		
Street Address	511 W BAY STREET #301		
City-St-Zip	TAMPA FL 33606		

Title	V/D	☐ Change	☒ Addition
Name	GUIDI, CLAUDE B.		
Street Address	511 W BAY STREET #301		
City-St-Zip	TAMPA FL 33606		

Title	V/D	☐ Change	☒ Addition
Name	STENZLER, STEPHEN A.		
Street Address	511 W BAY STREET #301		
City-St-Zip	TAMPA FL 33606		

Title	V/D	☐ Change	☒ Addition
Name	CHHEDA, HEMANT D.		
Street Address	511 W BAY STREET #301		
City-St-Zip	TAMPA FL 33606		

Title	V/D	☐ Change	☒ Addition
Name	KUDRYK, BRUCE T.		
Street Address	511 W BAY STREET #301		
City-St-Zip	TAMPA FL 33606		

Title	V/D	☐ Change	☒ Addition
Name	ESPINO-MAYA, MARILIN		
Street Address	511 W BAY STREET #301		
City-St-Zip	TAMPA FL 33606		

Title	V/D	☐ Change	☒ Addition
Name	RODRIGUEZ, DOUGLAS		
Street Address	511 W BAY STREET #301		
City-St-Zip	TAMPA FL 33606		

Title		☐ Change	☐ Addition
Name			
Street Address			
City-St-Zip			