2001	UNIFORM	BUSINESS	REPORT	(UBR
------	----------------	-----------------	---------------	------

DOCUMENT # L9900001868 1. Entity Name ORMOND RADIOLOGY PARTNERSHIP, LLC					FILED					
Principal Place of Punings					OIFEB-5 AM 8:41					
Principal Place of Business Mailing Address 483 S. NOVA RD. 483 S. NOVA RD.					CEODETADY OC CTATE					
,	EACH FL 32174	ORMOND BEACH FL 3217	4		SECRETARY OF STATE TALLAHASSEE, FLORIDA					
A Driverie of	Name of David				_					
Principal Place of Business 3. Mailing Address						r (Additati ərə rəfirə iditik aditi bəsili əditik dəfi		9 81581 1 9 11 1881		
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE					
City & Stat	<u> </u>	City & State			4 55.1			nation For		
Only de Otal	lo .	City & State		4. FEI I	59-2940987		pplied For ot Applicable			
Zip	Country	Zip	Coun	try	5. Cert	ificate of Status Desired	\$5.00 Ad	ditional		
	6. Name and Address of Current	Registered Agent				e and Address of New Registered	Fee Require	ed De		
		g.u.u.u		Name	7. 14411	o una nounde di mon magnatorea	- Agv.ii			
PALMETT	TO CHARTER SERVICES, INC.			Street Address	(P.O. Box N	lumber is Not Acceptable)				
150 MAG	NOLIA AVENUE					}				
DAYTON	A BEACH FL 32115-2491	•								
				City '		FI	Zip Cod	le		
8. The above	named entity) submits this statement fo	r the purpose of changing its re	egistere	ed office or registe	red agent,	or both, in the State of Florida.				
	() 01	$\mathcal{A} \setminus \mathcal{A}$			•	1-22.	~ 1			
SIGNATURE .	Signature, typed or photo-thirms of registered agent a	and title if applicable. (NOTE:	Registered	d Agent signature require	d when reinstat		<u> </u>			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State										
9.	MANAGING MEMBI	RS/MEMBERS	10.			ADDITIONS/CHANGE	s			
TITLE NAME	MGRM	☐ Delete .	TITLE NAME			300003662	Change	Addition		
STREET ADDRESS	DEARMAS, C.R. JR., MD 483 S. NOVA RD.			ET ADDRESS		-02/09/01(01010			
City-ST-ZIP	ORMOND BEACH FL 32174		CITY-	-ST-ZIP		*****50.00	*****	U.UU		
TITLE	MGRM	☐ Delete	TITLE				☐ Change	☐ Addition		
NAME STREET ADDRESS	LEE, ROBERT B MD		NAME STREE	ET ADDRESS			•			
CITY-ST-ZIP	483 S. NOVA RD. ORMOND BEACH FL 32174	•		-ST-ZIP		·				
TITLE	MGRM	☐ Detete	TITLE		-		☐ Change	☐ Addition		
NAME STREET ADDRESS	MONSOUTE, F.J., MD		NAME	ET ADDRESS				ļ		
CITY-ST-ZIP	483 S. NOVA RD. ORMOND BEACH FL 32174			ST-ZIP.						
TITLE	MGRM	☐ Delete	TITLE				☐ Change	☐ Addition		
NAME STREET ADDRESS	CARBONELL, O.F., MD		NAME	T ADORESS						
CITY-ST-ZIP	483 S. NOVA RD. ORMOND BEACH FL 32174			ST-ZIP				1		
TITLE	MGRM	☐ Delete	TITLE			- <u></u>	☐ Change	☐ Addition		
NAME STREET ADDRESS	WEAVER, J.W., MD		NAME	į.		1.				
STREET ADDRESS CITY-ST-ZIP	483 S. NOVA RD. ORMOND BEACH FL 32174			T ADDRESS ST-ZIP		١٧٧	-			
TITLE #	CHMUND DEACH FL 321/4	☐ Delete	TITLE				☐ Change	☐ Addition		
NAME -	1		NAME							
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP		·		}		
<u> </u>	ertify that the information supplied with	this filing does not qualify for the			ection 119 f	07(3)(i). Florida Statutes I further co	rtify that the in	nformation		
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 shart have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability companyor the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										
SIGNATURE: 1-32-01 904/673-8040 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Design Desig										