

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000081759

**Entity Name:** KEYSTONE IMAGING PARTNERS, INC.

**Current Principal Place of Business:**

2700 UNIVERSITY SQUARE DRIVE  
TAMPA, FL 33612-5513

**Current Mailing Address:**

2700 UNIVERSITY SQUARE DRIVE  
TAMPA, FL 33612-5513

**FEI Number: 81-4142725**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

F & L CORP.  
ONE INDEPENDNET DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name OTERO, RAUL R M.D.  
Address 2700 UNIVERSITY SQUARE DRIVE  
City-State-Zip: TAMPA FL 33612-5513

Title D  
Name ZWIEBEL, BRUCE M M.D.  
Address 2700 UNIVERSITY SQUARE DRIVE  
City-State-Zip: TAMPA FL 33612-5513

Title D  
Name KEDAR, RAGENDRA P M.D.  
Address 2700 UNIVERSITY SQUARE DRIVE  
City-State-Zip: TAMPA FL 33612-5513

Title D  
Name ZAMORE, ROBERT M.D.  
Address 2700 UNIVERSITY SQUARE DRIVE  
City-State-Zip: TAMPA FL 33612-5513

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ROBERT ZAMORE, M.D.**

**DIRECTOR**

**03/01/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date