2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91161 034 ***150.00

DOCUMENT # 603993

N/C

1. Entity Name
~~RADIOLOGY ASSOCIATES OF TAMPA, P.A.~~
TOWER IMAGING, INC.

am

Principal Place of Business	Mailing Address
511 W BAY ST STE 301 TAMPA FL 33606 US	511 W BAY ST SUTIE 301 TAMPA FL 33606 US

[redacted]

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 59-1433551 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHHEDA, HEMANT D
511 W BAY ST
SUITE 301
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name BRUCE R. ZWIEBEL - PRESIDENT
Street Address (P.O. Box Number is Not Acceptable) 511 WEST BAY Street, Suite 301
City Tampa FL Zip Code 33606

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

TITLE	V	☒ Delete
NAME	TRUNOY, LAWERENCE	
STREET ADDRESS	511 W BAY ST #301	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	V	☐ Delete
NAME	KUDRYK, BRUCE	
STREET ADDRESS	511 W. BAY ST., STE 301	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	V	☐ Delete
NAME	BLACK, THOMAS	
STREET ADDRESS	511 W BAY ST STE 301	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	V	☐ Delete
NAME	MARTINEZ, CARLOS R	
STREET ADDRESS	511 W BAY ST STE 301	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	V	☐ Delete
NAME	OTERO, RAUL R	
STREET ADDRESS	511 W BAY ST STE 301	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	V	☐ Delete
NAME	FISHER, CHARLES	
STREET ADDRESS	511 W BAY ST, STE. 301	
CITY-ST-ZIP	TAMPA FL 33606	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	☐ Change ☑ Addition
NAME	STEPHEN STENZLER	
STREET ADDRESS	511 WEST BAY Street, Suite 301	
CITY-ST-ZIP	Tampa, Fl 33606	
TITLE	V	☐ Change ☑ Addition
NAME	Hemant D. Chheda	
STREET ADDRESS	511 WEST BAY Street, Suite 301	
CITY-ST-ZIP	Tampa Fl 33606	
TITLE	V.	☐ Change ☑ Addition
NAME	James CATES	
STREET ADDRESS	511 West Bay Street, Suite 301	
CITY-ST-ZIP	Tampa, Fl 33606	
TITLE	V	☐ Change ☑ Addition
NAME	Shelly Baumann	
STREET ADDRESS	511 WEST BAY Street, Suite 301	
CITY-ST-ZIP	Tampa Fl 33606	
TITLE	V.	☐ Change ☑ Addition
NAME	Claude Guidi	
STREET ADDRESS	511 WEST BAY Street, Suite 301	
CITY-ST-ZIP	Tampa Fl 33606	
TITLE	V.	☐ Change ☑ Addition
NAME	Jerry Poklepovic	
STREET ADDRESS	511 WEST BAY Street Suite 301	
CITY-ST-ZIP	Tampa Fl 33606	

CR2E034 (9/01)

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 #

Attachment
DOC# 603993
667367

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 603993

1. Entity Name

TOWER IMAGING, INC.

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

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1433551 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Bruce Zwiebel

Street Address (P.O. Box Number is Not Acceptable): 511 West Bay Street, Suite 301

City: Tampa FL Zip Code: 33606

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. MORE ADDITIONS. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
V	BHARAT PATEL	511 WEST BAY Street, Suite 301	Tampa FL 33606
S	AVERY EVANS	511 WEST BAY Street, Suite 301	Tampa, FL 33606
V	Marilin Espino-Maya	511 WEST BAY Street Suite 301	Tampa FL 33606
V	Douglas Rodriguez	511 WEST BAY Street, Suite 301	Tampa, FL 33606
V	RAJendra Kedak	511 WEST BAY Street, Suite 301	Tampa, FL 33606
V	MIGUEL H. DEL TORO	511 WEST BAY STREET, SUITE 301	TAMPA, FL 33606

☒ ADD

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SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

Attachment
DOC#603993
667367

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 603993

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TOWER IMAGING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc

City & State

Zip | Country

3. Mailing Address

Suite, Apt. #, etc

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11. MORE ADDITIONS

OFFICERS AND DIRECTORS ☑ ADD

TITLE: P/D
NAME: BRUCE R. ZWIEBEL
STREET ADDRESS: 511 WEST BAY STREET, SUITE 301
CITY-ST-ZIP: TAMPA, FL 33606

TITLE
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CITY-ST-ZIP

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SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Capacity

CR2E034B (12/01)