

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A31912

1. Entity Name

BRANDON DIAGNOSTIC CENTER, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 14 PM 1:33

Principal Place of Business

747 WEST BRANDON BLVD.
BRANDON FL 33511

Mailing Address

747 WEST BRANDON BLVD.
BRANDON FL 33511-4901

2. Principal Place of Business

3. Mailing Address

6800 N. Dale Mabry Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

City & State

City & State

Tampa FL

Zip

Country

Zip

Country

33614 U.S.A.

4. FEI Number

59-3085971

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

ALLISTON, CURTIS L

747 WEST BRANDON BLVD.
BRANDON FL 33511

Name

Charles Cross

Street Address (P.O. Box Number is Not Acceptable)

6800 N. Dale Mabry Hwy

Suite 100

City

Tampa

FL

Zip Code

33614

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. Capital Contributions
as Shown on record.

\$150,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # S57078
NAME ALPHA ASSOCIATES, INC.
STREET ADDRESS 747 W BRANDON BLVD
CITY-ST-ZIP BRANDON FL

STREET ADDRESS

CITY-ST-ZIP

6800 N. Dale Mabry Hwy #100

Tampa, FL 33614

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

14. 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 shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

15613001-FC