

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001570

1. Entity Name

PRIMENET RADIOLOGY, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 25 PM 1:25

[Handwritten signature]

Principal Place of Business

3830-5 WILLIAMSBURG PARK BLVD
JACKSONVILLE FL 32257

Mailing Address

3830-5 WILLIAMSBURG PARK BLVD
JACKSONVILLE FL 32257-5585



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3519047

Applied For
Not Applicable

Zip

Country

Zip

Country

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

ABBEY, THEODORE J
3830-5 WILLIAMSBURG PARK BLVD.
JACKSONVILLE FL 32257

Name PRICE & PRICE
Street Address (P.O. Box Number is Not Acceptable) 6500 South Highway 17-92
City FERN PARK FL Zip Code 32730

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

[Handwritten signature]

5-01-2000

Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record. \$100.00

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 #
NAME HEALTHTRUST MARKETING GROUP, INC.
STREET ADDRESS 3838-5 WILLIAMSBURG PARK BLVD.
CITY - ST - ZIP JACKSONVILLE FL 32257

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME MEDRAD IMAGING, INC.
STREET ADDRESS 4914 N. ARMENIA AVE.
CITY - ST - ZIP TAMPA FL 33607

STREET ADDRESS

CITY - ST - ZIP

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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:

[Handwritten signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5-01-2000

Date

904-737-3505

Daytime Phone #