

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001899**

1. Entity Name

**FLORIDA IMAGING AT TREASURE COAST, LTD.**

Principal Place of Business  
**15438 NORTH FLORIDA AVENUE, SUITE 200**  
**TAMPA FL 33613**

Mailing Address  
**15438 NORTH FLORIDA AVENUE, SUITE 200**  
**TAMPA FL 33613**

2. Principal Place of Business  
**1825 S.E. Tiffany Ave.**  
 Suite, Apt. #, etc.  
**SUITE 104**  
 City & State  
**PORT ST. LUCIE, FL**  
 Zip  
**34952** Country  
**USA**

3. Mailing Address  
**2200 ROSS AVE.**  
 Suite, Apt. #, etc.  
**SUITE 3000**  
 City & State  
**DAVENS, TX**  
 Zip  
**75201** Country  
**USA**

**REINSTATEMENT 2000**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

NOV -7 PM 1:02



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3540515** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**NRAI SERVICES, INC.**  
**526 E. PARK AVENUE**  
**TALLAHASSEE FL 32301**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$2,000.00** 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 #	<b>P98000037550</b>	STREET ADDRESS	
NAME	<b>QUESTAR TREASURE COAST, INC.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>15438 NORTH FLORIDA AVENUE, SUITE 200</b>		
CITY-ST-ZIP	<b>TAMPA FL 33613</b>		
DOCUMENT #		STREET ADDRESS	<b>6000003478036--5</b>
NAME		CITY-ST-ZIP	<b>-11/28/00--01038--002</b>
STREET ADDRESS			<b>***\$541.25 ***\$541.25</b>
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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 REQUIRED** **QUESTAR IMAGING** **10/25/00** **214-308-2776**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (5/00)