

2000 UNIFORM BUSINESS REPORT (UBR)*DOCUMENT # H95317**

1. Entity Name

RADSCAN OF TAMPA, INC.**FILED**
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90027 027 ***150.00

Principal Place of Business

200 S WACKER DR
\$700
CHICAGO IL 60606-5802
US

Mailing Address

200 S WACKER DR
\$700
CHICAGO IL 60606-5829
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-3437138

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Delete
NAME	HIGGINS, MARTIN	
STREET ADDRESS	165 EILEEN WY	
CITY-ST-ZIP	SYOSSZT NY 11791	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUTHART, LEO A.	
STREET ADDRESS	165 EILEEN WAY	
CITY-ST-ZIP	SYOSSET NY	
TITLE	DP	<input type="checkbox"/> Delete
NAME	WINICK, STEVEN J.	
STREET ADDRESS	165 EILEEN WAY	
CITY-ST-ZIP	SYOSSET NY	
TITLE	VT	<input type="checkbox"/> Delete
NAME	GAUVREAU, PAUL R.	
STREET ADDRESS	200 S. WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	ZERMUEHLEN, WILLIAM A.	
STREET ADDRESS	200 S. WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	S	<input type="checkbox"/> Delete
NAME	RECCHIO, PAMELA A.	
STREET ADDRESS	165 EILEEN WAY	
CITY-ST-ZIP	SYOSSET NY	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 #

312-831-1070

CR2E034 (9/99)