

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002810

1. Entity Name
RADIOLOGY ASSOCIATES OF CENTRAL FLORIDA, P.L.

FILED

01 JUN -6 AM 7:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
801 E. DIXIE AVENUE, SUITE 104
LEESBURG FL 34748

Mailing Address
801 E. DIXIE AVENUE, SUITE 104
LEESBURG FL 34748



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

59-3635297

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLER, CATHERINE E M.D.
801 E. DIXIE AVENUE, SUITE 104
LEESBURG FL 34748

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 *Catherine E Keller*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

700004423957--5
-06718701-01023-002
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Partner Managing Member Catherine E. Keller, MD 801 E. Dixie Ave, #104 Leesburg, FL 34747	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Partner Managing Member Michael S. Levine, M.D. 801 E. Dixie Ave, #104 Leesburg, FL 34748	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Partner Managing Member Manoj Bhatia, M.D. 801 E. Dixie Ave, #104 Leesburg, FL 34748	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Partner Managing Member Joseph S. Gurinsky, MD 801 E. Dixie Ave, #104 Leesburg, FL 34748	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Partner Managing Member Mark Jacobson, MD 801 E. Dixie Ave, #104 Leesburg, FL 34748	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Partner Managing Member Marc Schwartzberg, MD 801 E. Dixie Ave #104 Leesburg, FL 34748	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Partner Managing Member David C. Weyn, MD 801 E. Dixie Ave, #104 Leesburg, FL 34748	☐ Change ☒ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Catherine E Keller* 1/26/01 *1352* 787-5858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0023265 AF

CR2E083 (11/00)