

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90072 022 *****50.00

DOCUMENT # L00000009447

1. Entity Name

ST. AUGUSTINE IMAGING, P.L.

Principal Place of Business

**130 N. FREDERICK AVENUE
 DAYTONA BEACH FL 32114**

Mailing Address

**130 N. FREDERICK AVENUE
 DAYTONA BEACH FL 32114**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-366282

APPLIED FOR

Applied For

Not Applicable

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

**CHARTER SERVICES, INC.
 150 MAGNOLIA AVENUE
 DAYTONA BEACH FL 32115-2491**

Name

CHARLES M. BURKETT

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

130 N. FREDERICK AVE

City

DAYTONA BEACH

FL

Zip Code

32114

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

Charles M. Burkett

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 EARDLEY, MORRIS AND HOLLIS, M.D., P.A.
 130 N. FREDERICK AVENUE
 DAYTONA BEACH FL 32115**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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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

Charles M. Burkett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/30/02

Date

Daytime Phone #

CR2E083 (9/01)