

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90021 035 ****50.00

DOCUMENT # L01000005319

1. Entity Name

ADVANCED IMAGING CENTER OF LEESBURG, LLC

Principal Place of Business

2878 ENISGROVE DRIVE
 PALM HARBOR FL 34683

Mailing Address

2878 ENISGROVE DRIVE
 PALM HARBOR FL 34683

2. Principal Place of Business

211 N. 1st Street

3. Mailing Address

211 N. 1st Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Leesburg FL

City & State

Leesburg FL

4. FEI Number

59-3710252

Applied For

Not Applicable

Zip

34748

Country

USA

Zip

34748

Country

USA

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

O'NEIL, MICHAEL
 262 MOHAWK ROAD
 CLERMONT FL 34711

7. Name and Address of New Registered Agent

Name

F + L corp.

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

100 N. Tampa St. Suite 2700

City

Tampa

FL

Zip Code

33602

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

Michael P. O'Neill

1/24/02

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

TITLE: managing member
 NAME: Michael P. O'Neill
 STREET ADDRESS: 2878 Enisgrove Dr.
 CITY-ST-ZIP: Palm Harbor FL 34683

TITLE: managing member
 NAME: Charles Omgson
 STREET ADDRESS: P.O. Box 705
 CITY-ST-ZIP: Crystal Beach, FL 34681

TITLE: managing member
 NAME: Jayson Lord
 STREET ADDRESS: 5112 West Poe Ave
 CITY-ST-ZIP: Tampa, FL 34681

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

10. ADDITIONS/CHANGES

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
☐ 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:

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

1/24/02

Daytime Phone #

CR2E083 (9/01)