

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90124 020 \*\*\*\*50.00

**DOCUMENT # L01000008705**

1. Entity Name

**TOTAL IMAGING OF SUN CITY, L.L.C.**

Principal Place of Business

**122 LINSLEY AVE  
 SUITE C  
 BRANDON FL 33511**

Mailing Address

**122 LINSLEY AVE  
 SUITE C  
 BRANDON FL 33511**

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

**59-3721657**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**DOLINER, NATHANIEL L ESQ  
 CARLTON FIELDS PA  
 777 S HARBOUR ISLAND BLVD  
 TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name

**WARREN WYHE II**

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

**755 W. BRANDON BLVD**

City

**BRANDON**

FL

Zip Code

**33511**

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

**WARREN WYHE II EXECUTIVE DIRECTOR**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/18/02**

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State**

**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME **M. ROUGLASS NANNI, MD** ☐ Delete  
 STREET ADDRESS **737 W. BRANDON BLVD**  
 CITY-ST-ZIP **BRANDON, FL 33511** **PRES**

TITLE NAME **JONATHAN SIVERSTEIN MD** ☐ Delete  
 STREET ADDRESS **737 W. BRANDON BLVD**  
 CITY-ST-ZIP **BRANDON, FL 33511** **VPRES**

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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]**

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

**3/18/02**

Date

**813-657-4914**

Daytime Phone #

CR2E083 (9/01)