

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**



DO NOT WRITE IN THIS SPACE

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

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
M. DOUGLASS NANNI, MD 737 N. BRANDON BLVD BRANDON, FL 33511	<input type="checkbox"/> Delete PRES		<input type="checkbox"/> Change <input type="checkbox"/> Addition
JONATHAN SIVERSTEIN MD 737 N. BRANDON BLVD BRANDON, FL 33511	<input type="checkbox"/> Delete VPRES		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE **3/18/02** DAYTIME PHONE # **813-657-4914**

CR2E083 (9/01)