

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2002 8:00 am
Secretary of State

04-25-2002 90003 005 ****50.00

DOCUMENT # L01000010589

1. Entity Name

LAKE CITY IMAGING ASSOCIATES, L.L.C.

Principal Place of Business

600 NORTH CHURCH ST.
 LAKE CITY FL 32055

Mailing Address

600 NORTH CHURCH ST.
 LAKE CITY FL 32055

2. Principal Place of Business

422 N.E. Lake Shore Ter.
 Suite, Apt. #, etc.

3. Mailing Address

422 N.E. Lake Shore Ter.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State Lake City FL		City & State Lake City FL		4. FEI Number 59-3729381	Applied For Not Applicable
Zip 32055	Country Columbia	Zip 32055	Country Columbia	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent BEDOYA, RICARDO M.D. 600 NORTH CHURCH ST. LAKE CITY FL 32055		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 Ricardo Bedoya, M.D. 4-18-02
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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RADIOLOGY ASSOCIATES OF LAKE CITY, P.A. 600 NORTH CHURCH ST. LAKE CITY FL 32055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 422 N.E. Lake Shore Ter.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEREZ-OSTOLAZA, RAMON A 651 CHERRY GROVE RD. ORANGE PARK FL 32073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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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

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: Ricardo Bedoya, M.D. 4-18-02 (386) 752-9144

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

Date

Daytime Phone #

CR2E083 (9/01)