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**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90019 012 \*\*\*\*50.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000014096

1. Entity Name

BAY AREA RADIOLOGY, LLC

Principal Place of Business

4111 HIGHLAND PARK CIRCLE  
LUTZ FL 33558

Mailing Address

4111 HIGHLAND PARK CIRCLE  
LUTZ FL 33558

27161

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3741323

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STEELE, THOMAS T  
 101 EAST KENNEDY BLVD., STE. 2800  
 TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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: PRESIDENT ☐ Delete  
 NAME: ALAN J. COUSIN  
 STREET ADDRESS: 4111 HIGHLAND PARK CIRCLE  
 CITY-ST-ZIP: LUTZ, FL 33558

TITLE: VICE PRESIDENT ☐ Delete  
 NAME: ERIC K. COTTON  
 STREET ADDRESS: 1106 ABBEYS WAY  
 CITY-ST-ZIP: TAMPA, FL 33602

TITLE: SECRETARY / TREASURER ☐ Delete  
 NAME: HOWARD K. BLANKENSHIP  
 STREET ADDRESS: 2821 LINTHICUM PLACE  
 CITY-ST-ZIP: TAMPA, FL 33618

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

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

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

## 10. ADDITIONS/CHANGES

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

TITLE: ☐ Change ☐ Addition  
 NAME:  
 STREET ADDRESS:  
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TITLE: ☐ Change ☐ Addition  
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TITLE: ☐ Change ☐ Addition  
 NAME:  
 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: Alan J. Cousin, President 3/25/02 (727) 450-1144  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)