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Secretary of State

05-12-2002 90577 027 ****50.00

**LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000017002

1. Entity Name

TAMPA BAY RADIOLOGY, PL

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15350 AMBERLY DRIVE

3. Mailing Address

15350 AMBERLY DRIVE

Suite, Apt. #, etc.

SUITE 3924

Suite, Apt. #, etc.

SUITE 3924

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

59-3749017

Applied For

Not Applicable

Zip

33647

Country

Zip

33647

Country

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

7. Name and Address of Current Registered Agent

Name

CORPORATION-SERVICE-COMPANY

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

1201 HAYS STREET

City

TALLAHASSEE

FL

Zip Code

32301

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.

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Managing Member
 ELLIS B NORSOPH
 15350 AMBERLY DRIVE SUITE 3924
 TAMPA FL 33647

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E083B (12/01)