

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

**FILED**  
**Jun 25, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90577 028 \*\*\*\*50.00

DOCUMENT # L01000017003

1. Entity Name

TAMPA BAY RADIOLOGY CONSULTANTS, PL

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

15350 AMBERLY DRIVE

Suite, Apt. #, etc.

SUITE 3924

City & State

TAMPA FL

Zip

33647

Country

3. Mailing Address

15350 AMBERLY DRIVE

Suite, Apt. #, etc.

SUITE 3924

City & State

TAMPA FL

Zip

33647

Country

4. FEI Number

59-3749062

Applied For

Not Applicable

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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**DO NOT WRITE  
IN THIS SPACE**

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)