

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90424 045 ****50.00

DOCUMENT # L02000006313

1. Entity Name

PINNACLE RADIOLOGY GROUP, P.L.



Principal Place of Business

**119 OAKFIELD DR
BRANDON FL 33511**

Mailing Address

**6302 E MARTIN LUTHER KING
STE 470
TAMPA FL 33619**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. BOX 4380

City & State

City & State

BRANDON, FL 33509

Zip

Country

Zip

Country

33509

U.S.A.

4. FEI Number

04-3623028

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, ROBERT V
201 N. FRANKLIN STREET, SUITE 2600
TAMPA FL 33602**

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. I am familiar with, and accept the obligations of registered agent.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRP** ☐ Delete
NAME **URRUTIA, ENRIQUE MD**
STREET ADDRESS **6302 E MLK BLVD STE 470**
CITY-ST-ZIP **TAMPA FL 33619**

TITLE **MGRP** ☒ Change ☐ Addition
NAME **URRUTIA, ENRIQUE MD**
STREET ADDRESS **P.O. BOX 4380**
CITY-ST-ZIP **BRANDON, FL 33509**

TITLE **P** ☐ Delete
NAME **BROOKER, A. RAYMOND MD**
STREET ADDRESS **6302 E MLK BLVD STE 470**
CITY-ST-ZIP **TAMPA FL 33619**

TITLE **P** ☒ Change ☐ Addition
NAME **BROOKER, A. RAYMOND MD**
STREET ADDRESS **P.O. BOX 4380**
CITY-ST-ZIP **BRANDON, FL 33509**

TITLE **P** ☐ Delete
NAME **EPSTEIN, DAVID MD**
STREET ADDRESS **6302 E MLK BLVD STE 470**
CITY-ST-ZIP **TAMPA FL 33619**

TITLE **P** ☒ Change ☐ Addition
NAME **EPSTEIN, DAVID MD**
STREET ADDRESS **P.O. BOX 4380**
CITY-ST-ZIP **BRANDON, FL 33509**

TITLE **P** ☐ Delete
NAME **READDY, CHARLES DO**
STREET ADDRESS **6302 E MLK BLVD STE 470**
CITY-ST-ZIP **TAMPA FL 33619**

TITLE **P** ☒ Change ☐ Addition
NAME **READDY, CHARLES DO**
STREET ADDRESS **P.O. BOX 4380**
CITY-ST-ZIP **BRANDON, FL 33509**

TITLE **P** ☐ Delete
NAME **RENO, ROBERT H MD**
STREET ADDRESS **6302 E MLK BLVD STE 470**
CITY-ST-ZIP **TAMPA FL 33619**

TITLE **P** ☒ Change ☐ Addition
NAME **RENO, ROBERT H MD**
STREET ADDRESS **P.O. BOX 4380**
CITY-ST-ZIP **BRANDON, FL 33509**

TITLE **P** ☐ Delete
NAME **SULZER, JANA**
STREET ADDRESS **6302 E MLK BLVD STE 470**
CITY-ST-ZIP **TAMPA FL 33619**

TITLE **P** ☒ Change ☐ Addition
NAME **SULZER, JANA L.**
STREET ADDRESS **P.O. BOX 4380**
CITY-ST-ZIP **BRANDON, FL 33509**

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

3/1/04

Date

Daytime Phone #