

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92172 049 ****50.00

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DOCUMENT # L02000006313

1. Entity Name

PINNACLE RADIOLOGY GROUP, P.L.



Principal Place of Business

**9204 KING PALM DRIVE
TAMPA FL 33619**

Mailing Address

**9204 KING PALM DRIVE
TAMPA FL 33619**

2. Principal Place of Business

119 Oakfield Drive

3. Mailing Address

6302 E. Martin Luther King

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 470

City & State

City & State

Brandon, FL

Tampa, FL

Zip

Zip

Country

Country

33511

Hillsborough

33619

Hillsborough

6. Name and Address of Current Registered Agent

4. FEI Number

04-3623028

Applied For

Not Applicable

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

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

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Partner
Enrique Urrutia, MD
6302 E. MLK Blvd. Ste 470
Tampa, FL 33619

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
Partner
A. Raymond Brooker, MD
6302 E. MLK Blvd., Ste. 470
Tampa, FL 33619

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
Partner
David Epstein, MD
6302 E. MLK Blvd. Ste. 470
Tampa, FL 33619

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
Partner
Charles Readdy, DO
6302 E. MLK Blvd., Ste 470
Tampa, FL 33619

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
Partner
H. Robert Reno, MD
6302 E. MLK Blvd., Ste 470
Tampa, FL 33619

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
Partner
Jana Sulzer, MD
6302 E. MLK Blvd., Ste 470
Tampa, FL 33619

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:

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

Date

Daytime Phone #

CR2E083 (10/02)