

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90025 044 ****50.00

DOCUMENT # L02000008946

1. Entity Name

ZEPHYRHILLS IMAGING, L.L.C.



Principal Place of Business

**755 WEST BRANDON BLVD.
BRANDON FL 33511**

Mailing Address

**755 WEST BRANDON BLVD.
BRANDON FL 33511**

2. Principal Place of Business

38035 Medical Center Dr.

3. Mailing Address

122 Linsley Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste A

City & State

Zephyrhills, FL

City & State

Brandon, FL

Zip

Country

33541

USA

Zip

Country

33511

USA

4. FEI Number

81-0546352

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WYLIE, WARREN W II
TOTAL 1 MANAGEMENT, L.L.C.
755 WEST BRANDON BLVD.
BRANDON FL 33511**

Name

Warren W. Wylie, II

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

122 Linsley Avenue, Ste A

City

Brandon

FL

Zip Code

33511

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 ☒ **Warren W. Wylie, II** Executive Director 3/13/03

(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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		Warren W. Wylie, II	
		122 Linsley Avenue, Ste A	
		Brandon, FL 33511	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		T	
		M. Douglas Nanni	
		122 Linsley Avenue, Ste A	
		Brandon, FL 33511	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		P	
		Donald Welch	
		7050 Gail Blvd.	
		Zephyrhills, FL 33541	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		S	
		Robert Ruochti	
		7050 Gail Blvd.	
		Zephyrhills, FL 33541	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: ☒ **Warren W. Wylie, II** 3/13/03 (813) 657-4914

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

Date

Daytime Phone #

CR2E083 (10/02)