

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

9/22/2003-90105-035-\$50.00-\$50.00

03 DEC 18 AM 8:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000033317

1. Entity Name

MARCO ISLAND RADIATION ENTERPRISE, LLC



Principal Place of Business

2234 COLONIAL BOULEVARD  
FORT MYERS FL 33907

Mailing Address

2234 COLONIAL BOULEVARD  
FORT MYERS FL 33907

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

14-1876934

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

MYSLICKI, HUGO  
2234 COLONIAL BOULEVARD  
FORT MYERS FL 33907

7. Name and Address of New Registered Agent

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 September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DANIEL E. DOSORDZ  
2234 COLONIAL BLVD  
FT MYERS, FL 33907  
MGRM

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MICHAEL KATIN  
2234 COLONIAL BLVD  
33907  
MGRM

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
JAMES RUBINSTEIN  
2234 COLONIAL  
33907  
MGRM

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10. ADDITIONS/CHANGES

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

TITLE  
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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 REQUIRED

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

9/18/03

Date

Daytime Phone #

239-

931-7330

CR2E083 (4/03)