

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0010960 AF

DOCUMENT # L96000000265

1. Entity Name  
FLORIDA IMAGING NETWORK, LLC.

00 MAR 27 AM 9:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 9204 KING PALM DRIVE TAMPA FL 33619	Mailing Address 9204 KING PALM DRIVE TAMPA FL 33619-1328
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number 59-3358700	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

REID, BRAD  
DRS. SHEER, AHEARN & ASSOCIATES, P.A.  
9204 KING PALM DRIVE  
TAMPA FL 33619

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM PRICE, HOFFMAN, STONE & ASSOCIATES, M.D.S PA 747 SIXTH AVENUE SOUTH ST. PETERSBURG FL 33701
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM RADIOLOGY ASSOCIATES OF CLEARWATER % 1000 S. FORT HARRISON AVENUE CLEARWATER FL 34617
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM RADIOLOGY ASSOCIATES OF TAMPA, P.A. 4719 HABANA AVENUE TAMPA FL 33614
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM RADIOLOGY ASSOCIATES 6806 CECELIA DRIVE NEW PORT RICHEY FL 34653
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM RADIOLOGY ASSOCIATES OF TARPON SPRINGS % 1395 SOUTH PINELLAS AVENUE TARPON SPRINGS FL 34689
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM DRS. SHEER, AHEARN & ASSOCIATES, P.A. 9204 KING PALM DRIVE TAMPA FL 33619

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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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: Bradley R. Reid, Executive Director 3/23/00 813-626-1722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

CR2E083 (9/96)