

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000001284

1. Entity Name

HEALTHCARE IMAGING, LLC

FILED

00 APR 10 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2295 SEA TURTLE LANE
VERO BEACH FL 32963

Mailing Address

2295 SEA TURTLE LANE
VERO BEACH FL 32963-3124

2. Principal Place of Business

3. Mailing Address

1480 S. Main St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BLACKSBURG VA

4. FEI Number

59-3480731

Applied For

Not Applicable

Zip

Country

Zip

Country

24060

USA

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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 Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MTR ☐ Delete
NAME CRANWELL, WILLIAM C
STREET ADDRESS 2295 SEA TURTLE LANE
CITY-ST-ZIP VERO BEACH FL 32963

TITLE ☐ Change ☐ Addition
NAME 600003224646--8
STREET ADDRESS -04/26/00--01043--012
CITY-ST-ZIP *****50.00 *****50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 OR MANAGER

Date

Daytime Phone #

2-18-00 540-552-9108

CR2E083 (9/99)