

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002710

1. Entity Name
ALR IMAGING, PLLC

FILED

00 JAN 18 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
3301 ALUMNI DRIVE
TAMPA FL 33612

Mailing Address
3301 ALUMNI DRIVE
TAMPA FL 33612-9413

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
593570040

APPLIED FOR

Applied For
Not Applicable

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

BEYER, DAVID A
RUDNICK & WOLFE
101 E. KENNEDY BLVD., SUITE 2000
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.

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
ARRINGTON, JOHN A M.D.
3301 ALUMNI DRIVE
TAMPA FL 33612

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

500003112415--4
-01/27/00--01022--006
*****55.00 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
SILBINGER, MARTIN L M.D.
3301 ALUMNI DRIVE
TAMPA FL 33612

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
MURTAGH, F. REED M.D.
3301 ALUMNI DRIVE
TAMPA FL 33612

☐ Delete

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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 #

SIGNATURE: *F. Reed Murtagh*, MD 1/13/00 813-972-3351