

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003053

1. Entity Name

PRESGAR IMAGING OF JUPITER, L.L.C.

FILED

01 JAN 25 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

654 W. INDIANTOWN ROAD, SUITE 107
JUPITER FL 33458

Mailing Address

15310 AMBERLY DR., STE. #315
TAMPA FL 33647

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3537565

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

GIORDANO, JOHN N
220 SOUTH FRANKLIN STREET
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

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 NAME MGRM PRESGAR MEDICAL IMAGING, INC. ☐ Delete
STREET ADDRESS 15310 AMBERLY DRIVE, SUITE 315
CITY-ST-ZIP TAMPA FL 33647

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP 800003601188-2

TITLE NAME MGRM MEDICAL ASSET MANAGEMENT, INC. ☐ Delete
STREET ADDRESS 5405 OKEECHOBEE BLVD., SUITE 101
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP -01/30/01--01 Change--01 Addition
*****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-8-01

Date

813/977-8750

Daytime Phone #

CR2E083 (11/00)