

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90085 018 *****50.00

DOCUMENT # L98000003053

1. Entity Name

PRESGAR IMAGING OF JUPITER, L.L.C.

Principal Place of Business

**14055 RIVEREDGE DR.
SUITE 350
TAMPA FL 33637**

Mailing Address

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

2. Principal Place of Business

654 W. Indiantown Rd.

3. Mailing Address

14055 Riveredge Dr.

Suite, Apt. #, etc.

#107

Suite, Apt. #, etc.

Suite 350

City & State

Jupiter, FL

City & State

Tampa, FL 33637

Zip

33458

Country

USA

Zip

33637

Country

USA

4. FEI Number

59-3537565

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GIORDANO, JOHN N
220 SOUTH FRANKLIN STREET
TAMPA FL 33602**

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

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
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**14055 Riveredge DR. Ste. 350
Tampa, FL 33637** ☐ Change ☐ Addition

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

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ 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:

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

Date

Daytime Phone #

SIGNATURE REQUIRED
[Signature]
Oright

1/14/02 (813) 977-8756

CR2E083 (9/01)