

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 JUL 25 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000000996

1. Entity Name

GULF COAST IMAGING PARTNERS, L.L.C.

Principal Place of Business

5151 NORTH NINTH AVENUE  
PENSACOLA FL 32504

Mailing Address

5151 NORTH NINTH AVENUE  
PENSACOLA FL 32504

2. Principal Place of Business

85 BAYBRIDGE DRIVE

Suite, Apt. #, etc.

3. Mailing Address

85 BAYBRIDGE DRIVE

Suite, Apt. #, etc.

City & State

GULF BREEZE, FL

City & State

GULF BREEZE, FL

Zip

32561

Country

USA

Zip

32561

Country

USA

4. FEI Number

59-3565344

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HECKATHOM, PETER

5151 NORTH NINTH AVENUE  
PENSACOLA FL 32504

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete  
MGRM  
GULF COAST DIVERSIFIED, INC.  
STREET ADDRESS 5151 NORTH NINTH AVENUE  
CITY-ST-ZIP PENSACOLA FL 32504

TITLE NAME ☐ Delete  
MGRM  
PENSACOLA RADIOLOGY CONSULTANTS, P.A.  
STREET ADDRESS 5150 BAYOU BOULEVARD  
CITY-ST-ZIP PENSACOLA FL 32504

TITLE NAME ☐ Delete  
MGRM  
VASSILIADES, VENETIA  
STREET ADDRESS 109 SHORELINE DRIVE  
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS 85 BAYBRIDGE DR.  
CITY-ST-ZIP GULF BREEZE, FL 32561

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 300003342703--7  
CITY-ST-ZIP -08/01/00-01089-015

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS \*\*\*\*\*58.00  
CITY-ST-ZIP \*\*\*\*\*58.00

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ 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 OR MANAGER

Date

7/19/00

Daytime Phone #

850-916-1171

CR2E083 (5/00)