# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR -6 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000001868

1. Entity Name
ORMOND RADIOLOGY PARTNERSHIP, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 500 MEMORIAL CIRCLE. SUITE D<br>ORMOND BEACH FL 32174 | 500 MEMORIAL CIRCLE. SUITE D<br>ORMOND BEACH FL 32174-5054 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 483 S. NOVA Rd → | SAME |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: ORMOND BEACH FL | City & State |
| Zip: 32174 Country: US | Zip Country |

4. FEI Number: 59-2940987 ☐ 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 |
|---|---|
| PALMETTO CHARTER SERVICES, INC.<br>150 MAGNOLIA AVENUE<br>DAYTONA BEACH FL 32115-2491 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>ORMOND REAL ESTATE VENTURES, LLC<br>500 MEMORIAL CIRCLE, SUITE D<br>ORMOND BEACH FL 32174 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>DeARMAS C. R. JR MD<br>483 S. NOVA RD<br>ORMOND BEACH FL 32174 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>LEB, ROBERT B MD<br>483 S. NOVA RD<br>ORMOND BEACH FL 32174 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>MONSOUR, F. J. MD<br>483 S NOVA RD<br>ORMOND BEACH FL 32174 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>CARBONELL, O. F. MD<br>483 S. NOVA RD<br>ORMOND BEACH FL 32174 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>WERVER, F. W. MD<br>483 S. NOVA RD<br>ORMOND BEACH FL 32174 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 800003221488--6<br>-04/24/00--01157--004<br>*****50.00 *****50.00 | ☐ 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 REQUIRED _____ 904/673-8040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #