

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2002 8:00 am
Secretary of State

04-04-2002 90008 042 *****50.00

DOCUMENT # L99000001868

1. Entity Name

ORMOND RADIOLOGY PARTNERSHIP, LLC

Principal Place of Business

**483 S. NOVA RD.
 ORMOND BEACH FL 32174**

Mailing Address

**483 S. NOVA RD.
 ORMOND BEACH FL 32174**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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.
 150 MAGNOLIA AVENUE
 DAYTONA BEACH FL 32115-2491**

Name **FREDERICK J. MONSOUR**
 Street Address (P.O. Box Number is Not Acceptable)
483 S. NOVA RD.

City **ORMOND BEACH** FL Zip Code **32174**

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

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 DEARMAS, C.R. JR., MD
 483 S. NOVA RD.
 ORMOND BEACH FL 32174** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 LEE, ROBERT B MD
 483 S. NOVA RD.
 ORMOND BEACH FL 32174** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 MONSOUR, F.J., MD
 483 S. NOVA RD.
 ORMOND BEACH FL 32174** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 CARBONELL, O.F., MD
 483 S. NOVA RD.
 ORMOND BEACH FL 32174** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 WEAVER, J.W., MD
 483 S. NOVA RD.
 ORMOND BEACH FL 32174** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ 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 #

CR2E083 (9/01)