

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

0017332

03-13-2002 90017 037 \*\*\*\*\*50.00

**DOCUMENT # L99000001940**

**1. Entity Name**  
**INTERSTATE RADIOLOGY MANAGEMENT, L.L.C.**

<b>Principal Place of Business</b> 631 PALM SPRINGS DRIVE, SUITE 106 ALTAMONTE SPRINGS FL 32701	<b>Mailing Address</b> 631 PALM SPRINGS DRIVE, SUITE 106 ALTAMONTE SPRINGS FL 32701
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**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

**4. FEI Number** 59-3569685

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**

**MAY, CHARLES**  
**631 PALM SPRINGS DRIVE, SUITE 106**  
**ALTAMONTE SPRINGS FL 32701**

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**

**10. ADDITIONS/CHANGES**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>RIPPE, DAVID J M.D.</b> 631 PALM SPRINGS DR., STE 106 ALTAMONTE SPRINGS FL 32701	<input type="checkbox"/> Delete
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>GIOVANNETTI, MARK J</b> 306 AVENUE C, N.E. WINTER HAVEN FL 33881	<input checked="" type="checkbox"/> Delete
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>SCHIEBLER, MARK L</b> 631 PALM SPRINGS DR., SUITE 106 ALTAMONTE SPRINGS FL 32701	<input type="checkbox"/> Delete
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>CHAPPEL, GARY J M.D.</b> 306 AVENUE C, N.E. WINTER HAVEN FL 33881	<input checked="" type="checkbox"/> Delete
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>MORRIS, LEN W M.D.</b> 631 PALM SPRINGS DR., SUITE 106 ALTAMONTE SPRINGS FL 32701	<input type="checkbox"/> Delete
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>PATANGE, VIJAY</b> 306 AVENUE C, N.E. WINTER HAVEN FL 33881	<input checked="" type="checkbox"/> Delete
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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:** X *Mark L Schiebler, M.D.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/18/02

CR2E083 (9/01)