

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90249 027 \*\*\*\*50.00

**DOCUMENT # L99000001940**

1. Entity Name

**INTERSTATE RADIOLOGY MANAGEMENT, L.L.C.**



Principal Place of Business

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

Mailing Address

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

**20016770**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**SUITE 116**

Suite, Apt. #, etc.

**SUITE 116**

City & State

City & State

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3569685**

Applied For

Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **RIPPE, DAVID J M.D.**  
STREET ADDRESS **631 PALM SPRINGS DR., STE 106 116**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

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

TITLE **MGR** ☐ Delete  
NAME **SCHIEBLER, MARK L**  
STREET ADDRESS **631 PALM SPRINGS DR., SUITE 106 116**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

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

TITLE **MGR** ☐ Delete  
NAME **MORRIS, LEN W M.D.**  
STREET ADDRESS **631 PALM SPRINGS DR., SUITE 106 116**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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**

**1/20/03**

**1/07-767-0433**

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

Date

Daytime Phone #

CR2E083 (10/02)