

2000 UNIFORM BUSINESS REPORT (UBR)

0000196 AF

DOCUMENT # **L99000002645**

1. Entity Name
TRANSFLORIDA MOBILE DIAGNOSTIC SERVICES, L.C.

FILED

00 JAN 27 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**4237 SALISBURY ROAD, SUITE 306
JACKSONVILLE FL 32216**

Mailing Address
**4237 SALISBURY ROAD, SUITE 306
JACKSONVILLE FL 32216-0908**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
805 S. Orange Ave.

3. Mailing Address
Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite F

City & State
Winter Park, FL

City & State
Winter Park, FL

City & State
Winter Park, FL

Zip
32789

Country
USA

Zip

Country

4. FEI Number
59-3575518

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

**JOHNSON, DAVID
4237 SALISBURY ROAD, SUITE 306
JACKSONVILLE FL 32216**

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/MEMBERS

TITLE	MGR Manager	<input type="checkbox"/> Delete
NAME	JOHNSON, DAVID	
STREET ADDRESS	4237 SALISBURY ROAD, SUITE 306	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	Managing Member	<input type="checkbox"/> Delete
NAME	Brue Cotti	
STREET ADDRESS	805 S. Orange Ave. #F	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	Managing Member	<input type="checkbox"/> Delete
NAME	Donald Pyles	
STREET ADDRESS	805 S. Orange Ave. #F	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	Managing Member	<input type="checkbox"/> Delete
NAME	David Gann	
STREET ADDRESS	805 S. Orange Ave. #F	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200003118582--8	
STREET ADDRESS	-02/01/00--01076--008	
CITY-ST-ZIP	*****50.00 *****50.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **David Gann** (1-26-00) (904) 296-0353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)