

2001 UNIFORM BUSINESS REPORT (UBR)

0006120 AF

DOCUMENT # L99000002645

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

FILED

01 MAR 14 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
805 S. ORANGE AVENUE, SUITE F
WINTER PARK FL 32789

Mailing Address
805 S. ORANGE AVENUE, SUITE F
WINTER PARK FL 32789

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 59-3575518

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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 _____ (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 MGR JOHNSON, DAVID ☐ Delete
STREET ADDRESS 805 S. ORANGE AVENUE, SUITE F
CITY-ST-ZIP WINTER PARK FL 32789

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

TITLE NAME MGRM COTTI, BRUCE ☐ Delete
STREET ADDRESS 805 S. ORANGE AVENUE, SUITE F
CITY-ST-ZIP WINTER PARK FL 32789

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 300003891573-9
CITY-ST-ZIP -03/21/01--0118--010
*****50.00 *****50.00

TITLE NAME MGRM PYLES, DONALD ☐ Delete
STREET ADDRESS 805 S. ORANGE AVENUE, SUITE F
CITY-ST-ZIP WINTER PARK FL 32789

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

TITLE NAME MGRM GANN, DAVID ☐ Delete
STREET ADDRESS 805 S. ORANGE AVENUE, SUITE F
CITY-ST-ZIP WINTER PARK FL 32789

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-12-01 (904) 296-0353

CR2E083 (11/00)