

# 2001 UNIFORM BUSINESS REPORT (UBR)

0031344 AF

DOCUMENT # L99000003240

1. Entity Name  
ULTRA DIAGNOSTICS, L.L.C.

FILED

01 MAR 12 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

4914 N. ARMENIA AVE  
TAMPA FL 33603

Mailing Address

9191 TOWNE CENTRE DRIVE  
#420 400  
SAN DIEGO CA 92122



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
400

City & State

City & State

4. FEI Number

59-3580419

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

X

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCOSKRIE, JOHN  
4914 N. ARMENIA AVE  
TAMPA FL 33603

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

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
MCCOSKRIE, JOHN  
4914 N. ARMENIA AVE  
TAMPA FL 33603 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
HULSEBUS, M. LEE  
9191 TOWNE CENTRE DRIVE #420 400  
SAN DIEGO CA ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
Suite 400  
488803854294-5

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
-03/15/01-01081-082  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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

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:

*M. Lee Hulsebus*  
M. Lee Hulsebus

REQUIRED

3/08/01

858-455-7127

SIGNATURE AND TITLE OF REGISTERED AGENT OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)