

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004757

1. Entity Name
TOTAL VASCULAR CARE, P.L.

FILED

Apr 28 2000 8:00 am
Secretary of State

Principal Place of Business

5150 BAYOU BLVD
SUITE 2-A
PENSACOLA FL 32503

Mailing Address

5150 BAYOU BLVD
SUITE 2-A
PENSACOLA FL 32503-2136

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

MOM

4. FEI Number

59-3589339

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

WEINGARTEN, KARL E MD
5150 BAYOU BLVD
SUITE 2-A
PENSACOLA FL 32503

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 ☐ Delete
MGRM
PENSACOLA RADIOLOGY CONSULTANTS, P.A.
STREET ADDRESS 5150 BAYOU BLVD SUITE 2-A
CITY-ST-ZIP PENSACOLA FL 32503

TITLE NAME ☐ Change ☒ Addition
~~Stockholder/Vice Pres.~~ MGRM
Anthony J. DeRaimo, MD
STREET ADDRESS 5150 Bayou Blvd Ste 2-A
CITY-ST-ZIP Pensacola, FL 32503

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

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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: X

Anthony J. DeRaimo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

X 03/31/00

Date

X 850-476-5602

Daytime Phone #