

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004757

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

FILED

01 FEB 27 PM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
5150 BAYOU BLVD
SUITE 2-A
PENSACOLA FL 32503

Mailing Address
5150 BAYOU BLVD
SUITE 2-A
PENSACOLA FL 32503

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3589339

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

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

TITLE
NAME 800003782268-3
STREET ADDRESS -02/27/01--01055--002
CITY-ST-ZIP *****55.00 *****55.00 ☐ Change ☐ Addition

TITLE MRGM
NAME DERAMINO, ANTHONY J M.D.
STREET ADDRESS 5150 BAYOU BLVD., SUITE 2-A
CITY-ST-ZIP PENSACOLA FL 32503 ☐ Delete

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

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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: X

Anthony J Deramino
SIGNATURE REQUIRED

2/27/01

850-476-8602

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

Date

Daytime Phone #

0003800 AF

CR2E083 (11/00)