

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90087 013 ****50.00

DOCUMENT # L99000004757

1. Entity Name

TOTAL VASCULAR CARE, P.L.

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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

**DERAIMO, ANTHONY J M.D.
 5150 BAYOU BLVD
 SUITE 2-A
 PENSACOLA FL 32503**

7. Name and Address of New Registered Agent

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Anthony J. Deraimo

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

03/28/02

Date

850-476-8602

Daytime Phone #

CR2E083 (9/01)