2002 UNIFORM BUSINESS REPORT (UBR)

JRE

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

Jan 23, 2002 8:00 am DOCUMENT # L9900005099 Secretary of State 1. Entity Name 01-23-2002 90079 030 ****50.00 PRESGAR IMAGING OF CMI SOUTH, L.C. Principal Place of Business Mailing Address 14055 RIVEREDGE DR 14055 RIVEREDGE DR SUITE 350 SUITE 350 909370 TAMPA FL 33637 TAMPA FL 33637 2. Principal Place of Business 3. Mailing Address 4860 S.W. 7 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3593173 Miamo Not Applicable 33<u>15</u> Country ٠Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GIORDANO, JOHN N Street Address (P.O. Box Number is Not Acceptable) 220 SOUTH FRANKLIN STREET TAMPA FL 33602 City 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 10. ADDITIONS/CHANGES MGR TITLE TITLE ☐ Defete Change ☐ Addition WRIGHT, GARY W NAME NAME 14055 Riveredge Dr. Ste. 350 STREET ADDRESS STREET ADDRESS 15310 AMBERLY DRIVE SUITE 315 CITY-ST-7/P CITY-ST-ZIP TAMPA FL 33647 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-7IP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 peceiver or trustee approvered to execute this report as required by Chapter 608, Florida Statutes.

FILED