

AMENDED **2002 UNIFORM BUSINESS REPORT (UBR)**

0015837

DOCUMENT # M01000000598

1. Entity Name,
PUTNAM DIAGNOSTIC IMAGING CENTER, LLC

FILED

2002 OCT -2 AM 10:44

**DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**103 POWELL COURT, SUITE 200
BRENTWOOD TN 37027**

Mailing Address
**103 POWELL COURT, SUITE 200
BRENTWOOD TN 37027**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **APPLIED FOR**
62-1849327

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

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 September 25, 2002**

**500008210795--9
-10/04/02--01060--023
*****50.00 *****50.00**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LIFEPPOINT HOLDINGS 2, LLC
103 POWELL COURT, SUITE 200
BRENTWOOD TN 37027** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
William M. Gracey
103 Powell Ct., Suite 200
Brentwood, TN 37027** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVP, Secretary, General Counsel
William F. Carpenter III
103 Powell Ct., Suite 200
Brentwood, TN 37027** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVP & CFO
Michael J. Cuyotta
103 Powell Ct., Suite 200
Brentwood, TN 37027** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP & Division CFO
R. Scott Ruplee
103 Powell Ct., Suite 200
Brentwood, TN 37027** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Vice President
Roberto G. Pantora
103 Powell Ct., Suite 200
Brentwood, TN 37027** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Assistant Secretary
Mary Kim E. Shipp
103 Powell Ct., Suite 200
Brentwood, TN 37027** ☐ 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

09/24/2002 **1015.372.8500**
Date Daytime Phone #

CR2E083 (4/02)