

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001320

1. Entity Name

HEARTCARE IMAGING, LLC

Principal Place of Business

8782 RIVERFRONT TERRACE
TEQUESTA FL 33469

Mailing Address

8782 RIVERFRONT TERRACE
TEQUESTA FL 33469-1813

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

65-0869888

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STILLEY, ROBERT J
8782 RIVERFRONT TERRACE
TEQUESTA FL 33469

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM ROSENE, RICHARD W ☒ Delete
STREET ADDRESS 141 CENTER ROAD
CITY-ST-ZIP HINCKLEY OH 44233

TITLE NAME MGRM STILLEY, ROBERT J ☐ Delete
STREET ADDRESS 8782 RIVERFRONT TERRACE
CITY-ST-ZIP TEQUESTA FL 33469

TITLE NAME MEMBER FRANK DI GREGORIO, JR. ☐ Delete
STREET ADDRESS 10 WHITAKER CT.
CITY-ST-ZIP REAR DELAWARE 19701

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 400003291524--7
CITY-ST-ZIP -06/15/00--01077--010

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *****50.00 ☒ Change *****50.00
CITY-ST-ZIP

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

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

TITLE NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

APPROVED
AND
FILED

00 MAY 30 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

5-1-2000 561-747-5882