

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED

AND

FILED

00 MAY 18 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0013 83 AF

DOCUMENT # M99000001099

1. Entity Name
MEDCATH DIAGNOSTICS, LLC

Principal Place of Business

7621 LITTLE AVENUE
SUITE 106
CHARLOTTE NC 28226

Mailing Address

7621 LITTLE AVENUE
SUITE 106
CHARLOTTE NC 28226-8404

2. Principal Place of Business

10720 Sikes Place

Suite, Apt. #, etc.

300

City & State

Charlotte NC

Zip

28277

Country

USA

3. Mailing Address

10720 Sikes Place

Suite, Apt. #, etc.

300

City & State

Charlotte NC

Zip

28277

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

56-2106114

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 MGR
NAME PUCKETT, STEPHEN R
STREET ADDRESS 7621 LITTLE AVENUE SUITE 106
CITY-ST-ZIP CHARLOTTE NC 28226 ☐ Delete

TITLE MGR
NAME CRANE, DAVID
STREET ADDRESS 7621 LITTLE AVENUE SUITE 106
CITY-ST-ZIP CHARLOTTE NC 28226 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
NAME 000003285280
STREET ADDRESS -06/12/00--01113--003
CITY-ST-ZIP *****50.00 *****50.00 ☐ Change ☐ Addition

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

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

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

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: SIGNATURE REQUIRED

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

4-25-00

Date

704-708-6610

Daytime Phone #

CR2E083 (9/99)