

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0027491  
AF

01 MAY -3 AM 9:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # M99000001099

1. Entity Name

MEDCATH DIAGNOSTICS, LLC

Principal Place of Business

10720 SIKES PLACE, SUITE 300  
CHARLOTTE NC 28277

Mailing Address

10720 SIKES PLACE, SUITE 300  
CHARLOTTE NC 28277

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

56-2106114

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CT 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOT Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

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

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

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

TITLE NAME MGR ☒ Change ☐ Addition  
STREET ADDRESS David Crane  
CITY-ST-ZIP 10720 Sikes Place, Suite 300  
Charlotte, NC 28277

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME MGR ☐ Change ☒ Addition  
STREET ADDRESS James E. Harris  
CITY-ST-ZIP 10720 Sikes Place, Suite 300  
Charlotte, NC 28277

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME 100004324331 ☐ Change ☐ Addition  
STREET ADDRESS -05/25/01--01104--004  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Delete  
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:

*James E. Harris*  
MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/17/01  
Date

704-708-6660  
Daytime Phone #

CR2E083 (11/00)