

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-07-2002 90386 044 ****50.00

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

90684

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

56-2106114

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

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.

(NOTE: Registered Agent signature required when reappointing)

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

TITLE ~~MGR~~ ☒ Delete
 NAME PUCKETT, STEPHEN R
 STREET ADDRESS 7821 LITTLE AVENUE SUITE 106
 CITY-ST-ZIP CHARLOTTE NC 28226

TITLE ☐ Change ☐ Addition
 NAME *Not a Manager*
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME MGR
 STREET ADDRESS CRANE, DAVID
 CITY-ST-ZIP 10720 SIKES PLACE, STE. 300
 CHARLOTTE NC 28277

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

TITLE ☐ Delete
 NAME MGR
 STREET ADDRESS HARRIS, JAMES E
 CITY-ST-ZIP 10720 SIKES PLACE, STE. 300
 CHARLOTTE NC 28277

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 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)(l), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/22/02

Date

704-708-6600

Daytime Phone #

CF2E083 (9/01)