

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 17, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000080634**1. Entity Name  
SEBRING RADIOLOGY ASSOCIATES, P.A.Principal Place of Business  
3600 S HIGHLANDS  
SEBRING FL 38870Mailing Address  
3600 S HIGHLANDS  
SEBRING FL 38870

2. Principal Place of Business

3. Mailing Address  
6900 I-40 WEST  
SUITE 220

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
SUITE 220

City &amp; State

City & State  
AMARILLO TX

Zip Country

Zip Country  
79106 US4. FEI Number  
65-1040327Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

MAURER JAMES M.D.  
3600 S HIGHLANDS  
SEBRING FL 38870

## 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 \_\_\_\_\_ 04/17/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------|----------------|-------------|---------------------------------|
|       |      |                |             |                                 |
|       |      |                |             |                                 |
|       |      |                |             |                                 |
|       |      |                |             |                                 |
|       |      |                |             |                                 |
|       |      |                |             |                                 |
|       |      |                |             |                                 |

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME            | STREET ADDRESS            | CITY-ST-ZIP | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|-------|-----------------|---------------------------|-------------|---------------------------------|--|
| MR.   | DZIK DAVID      | BBUSMGR                   |             |                                 |  |
|       |                 | 6900 I-40 WEST, SUITE 220 |             |                                 |  |
|       |                 | AMARILLO TX 79106         |             |                                 |  |
| MR.   | MAURER JAMES    | WVP&S                     |             |                                 |  |
|       |                 | 3600 S. HIGHLANDS         |             |                                 |  |
|       |                 | SEBRING FL 38870          |             |                                 |  |
| MR.   | SHANKWILER REED | APRES                     |             |                                 |  |
|       |                 | 3600 S. HIGHLANDS         |             |                                 |  |
|       |                 | SEBRING FL 38870          |             |                                 |  |
|       |                 |                           |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
|       |                 |                           |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
|       |                 |                           |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: Reed Shankwiler**

Pres 04/17/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)