

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90025 033 \*\*\*150.00

**DOCUMENT # P96000033629**

1. Entity Name

**TOWER DIAGNOSTIC CENTER OF BRANDON, INC.**

Principal Place of Business

Mailing Address

613 OAKFIELD DRIVE  
 BRANDON FL 33511  
 US

~~P.O. BOX 30794~~  
 TAMPA FL 33511-5714  
 US

00014868



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3386471

Applied For

Not Applicable

Zip

Country

Zip

Country

33511

US

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARDNER, MERRITT A ESQ.  
 401 EAST JACKSON STREET  
 SUITE 2650  
 TAMPA FL 33602

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

9. 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	STENZLER, STEPHEN A	511 WEST BAY STREET	TAMPA FL 33606	<input checked="" type="checkbox"/> Delete			
	GRUNDY, LAURENCE	511 WEST BAY STREET	TAMPA FL 33606	<input checked="" type="checkbox"/> Delete			
	PATEL, BHARAT U	511 WEST BAY STREET	TAMPA FL 33606	<input checked="" type="checkbox"/> Delete			
	MCTAGGART, JOHN D	511 WEST BAY STREET	TAMPA FL 33606	<input type="checkbox"/> Delete			
	NANNI, MARK D	511 WEST BAY STREET	TAMPA FL 33606	<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Mark D Nanni*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES  
 Date

(813) 661-222  
 Daytime Phone #