

2001 UNIFORM BUSINESS REPORT (UBR)

0128383 AT

DOCUMENT # P98000017128

1. Entity Name

~~PROFESSIONAL BILLING ASSOCIATES OF TAMPA BAY, INC~~

PROFESSIONAL BILLING ASSOCIATES OF WEST FL, LLC

Principal Place of Business

12555 SPRING HILL DR
SPRINGHILL FL 34609

Mailing Address

12555 SPRING HILL DR
SPRINGHILL FL 34609

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 27 AM 9:42



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

59-3493596

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~LANIGAN, DAVID C~~

~~10027 N. 58TH STREET~~

~~TEMPLE TERRACE FL 33617~~

RADIOLOGY ASSOCIATES OF
WEST FLORIDA, MD, PA
122 LINSLEY AVE. ST. C
BRANDON, FL 33511

Name

RADIOLOGY ASSOCIATES OF WEST FLORIDA

Street Address (P.O. Box Number is Not Acceptable)

122 LINSLEY AVENUE

City

SUITE C

City

BRANDON

FL

Zip Code

33511

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

Elizabeth Alexander

Accountant

8/9/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 D ☐ Delete
NAME NANNI, MARK D
STREET ADDRESS 603 WATERWOOD COURT
CITY-ST-ZIP LUTZ FL 33549

TITLE ☐ Change ☐ Addition
NAME 100004622171--8
STREET ADDRESS -10/03/01--01071--006
CITY-ST-ZIP *****550.00 *****550.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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:

Elizabeth Alexander

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/01

Date

813-657-4914

Daytime Phone #

CR2E034 (5/01)