

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000052333

1. Entity Name

U.S. RADIOLOGY PARTNERS OF FLORIDA, INC.

FILED
Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90004 042 ***150.00

Principal Place of Business

Mailing Address

110 RUE JEAN LAFITTE
LAFAYETTE LA 70508

110 RUE JEAN LAFITTE
LAFAYETTE LA 70508-3108

2. Principal Place of Business

3. Mailing Address

PO Box 51165

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Lafayette LA

Zip

Country

Zip

Country

70505

4. FEI Number

72-1449397

Applied For

Not Applicable

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

C T 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 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
C/P
William C. Schumacher
110 Rue Jean Lafitte
Lafayette LA 70508

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Gary I. Keller
110 Rue Jean Lafitte
Lafayette LA 70508

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
S
Susan Dill
110 Rue Jean Lafitte
Lafayette LA 70508

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
T
William D Crays
110 Rue Jean Lafitte
Lafayette LA 70508

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Mark Bakken
110 Rue Jean Lafitte
Lafayette LA 70508

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Greg Lowenstein
110 Rue Jean Lafitte
Lafayette LA 70508

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-00

Date

337 237 1915

Daytime Phone #

CR2E034 (9/99)