

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91427 013 ***150.00

DOCUMENT # **P99000052333**

1. Entity Name

US Radiology Partners of Florida, Inc.



DO NOT WRITE IN THIS SPACE

90127288

2. Principal Place of Business

USRP

3. Mailing Address

USRP

Suite, Apt. #, etc.

8411 Sterling, Suite #202

Suite, Apt. #, etc.

8411 Sterling, Suite #202

City & State

Irving, Texas

City & State

Irving, Texas

Zip

75063

Country

USA

Zip

75063

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

72-1449397

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
Greg Lowenstein
8411 Sterling, Suite #202
Irving, Texas 75063**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
Mark Bakken
8411 Sterling, Suite #202
Irving, Texas 75063**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M
Chris Schumacher, MD
8411 Sterling, Suite #202
Irving, Texas 75063**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
Richard S. Baker
8411 Sterling, Suite #202
Irving, Texas 75063**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard S. Baker, VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/2003, (888) 326-5522 ext. 102

Date

Daytime Phone #

CR2E034B (12/02)