

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000081759

**FILED**  
**Feb 06, 2019**  
**Secretary of State**  
**1800578206CC**

**Entity Name:** KEYSTONE IMAGING PARTNERS, INC.

**Current Principal Place of Business:**

2700 UNIVERSITY SQUARE DRIVE  
TAMPA, FL 33612-5513

**Current Mailing Address:**

2700 UNIVERSITY SQUARE DRIVE  
TAMPA, FL 33612-5513

**FEI Number:** 81-4142725

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

F & L CORP.  
ONE INDEPENDNET DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            OTERO, RAUL R M.D.  
Address        2700 UNIVERSITY SQUARE DRIVE  
City-State-Zip: TAMPA FL 33612-5513

Title            AT LARGE  
Name            ZWIEBEL, BRUCE M M.D.  
Address        2700 UNIVERSITY SQUARE DRIVE  
City-State-Zip: TAMPA FL 33612-5513

Title            VP  
Name            KEDAR, RAJENDRA P M.D.  
Address        2700 UNIVERSITY SQUARE DRIVE  
City-State-Zip: TAMPA FL 33612-5513

Title            SECRETARY  
Name            ZAMORE, ROBERT M.D.  
Address        2700 UNIVERSITY SQUARE DRIVE  
City-State-Zip: TAMPA FL 33612-5513

Title            CEO  
Name            SMITH, LARRY T  
Address        2700 UNIVERSITY SQUARE DRIVE  
City-State-Zip: TAMPA FL 33612-5513

Title            AT LARGE  
Name            MARU, ASHLEY M.D.  
Address        2700 UNIVERSITY SQUARE DRIVE  
City-State-Zip: TAMPA FL 33612-5513

Title            AT LARGE  
Name            CHHEDA, HEMANT D M.D.  
Address        2700 UNIVERSITY SQUARE DRIVE  
City-State-Zip: TAMPA FL 33612-5513

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LARRY T. SMITH

**CEO**

**02/06/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date