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.

and the second se		
SIGNATURE: LARRY T SMITH	CEO	04/27/2017

DOCUMENT# P16000081759

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

Name and Address of Current Registered Agent:

F & L CORP. ONE INDEPENDNET DRIVE SUITE 1300 JACKSONVILLE, FL 32202 US FILED Apr 27, 2017 Secretary of State CC6180407921

Certificate of Status Desired: No

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

# Officer/Director Detail :

Title	D	Title	D	
Name	OTERO, RAUL R M.D.	Name	ZWIEBEL, BRUCE M M.D.	
Address	2700 UNIVERSITY SQUARE DRIVE	Address	2700 UNIVERSITY SQUARE DRIVE	
City-State-Zip:	TAMPA FL 33612-5513	City-State-Zip:	TAMPA FL 33612-5513	
Title	D	Title	D	
Name	KEDAR, RAJENDRA P M.D.	Name	ZAMORE, ROBERT M.D.	
Address	2700 UNIVERSITY SQUARE DRIVE	Address	2700 UNIVERSITY SQUARE DRIVE	
City-State-Zip:	TAMPA FL 33612-5513	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			

Electronic Signature of Signing Officer/Director Detail

Date