

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005152

1. Entity Name

MOBILE DIAGNOSTIC IMAGING, LLC

Principal Place of Business

5917 S. CONGRESS AVENUE
ATLANTIS FL 33462

Mailing Address

5917 S. CONGRESS AVENUE
ATLANTIS FL 33462

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

605-1012637

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FILINGS, INC.

3732 NORTHWEST 16TH STREET
FORT LAUDERDALE FL 33311

Name

Richard Berkowitz

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

~~1900 Glades Road~~
1 SE 3rd Ave, 15th Floor

City

Miami

FL

Zip Code

33131

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/07

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PHYSICIAN'S BILLING AND FINANCIAL SERVICES
SUITE 100, 1900 GLADES ROAD
BOCA RATON FL 33431 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200004376022--0
-06/07/01--01096--020
*****55.00 *****55.00 ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/10/07

561 391 2339

FILED

01 MAY -7 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE