

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90019 002 ****50.00

DOCUMENT # L01000004708

1. Entity Name

BROWARD P.E.T. IMAGING CENTER, L.L.C. ✓

Principal Place of Business

4850 WEST OAKLAND PARK BLVD.
 SUITE 145
 FT. LAUDERDALE FL 33313

Mailing Address

4850 WEST OAKLAND PARK BLVD.
 SUITE 145
 FT. LAUDERDALE FL 33313

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

65-1091224

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HART, BRIAN A
~~ONE SOUTHEAST THIRD AVE.~~
~~SUNTRUST INTERNATIONAL CENTER 17TH FLOOR.~~
~~MIAMI FL 33131~~

Name

HART, BRIAN A

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

2601 South Bayshore Drive

16th Floor

City

Miami

FL

Zip Code

33133

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME MGRM
 STREET ADDRESS DAUER, EDWARD A.
 CITY-ST-ZIP 4850 W OAKLAND PK BLVD, #145
 Ft. LAUD, FL 33313

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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: *Edward A. Dauer* RECEIVED Edward A. Dauer, M.D. 4/17/02 (954) 739-0918
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CP2E083 (9/01)