2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State
09-03-2002 90168 007 ****50.00

DOCUMENT # L01000016476

1. Entity Name
~~DOCTORS' CARDIAC IMAGING, LLC~~
SIGNET IMAGING, LLC

Principal Place of Business	Mailing Address
% HODGSON RUSS LLP 1801 N. MILITARY TRAIL, SUITE 200 BOCA RATON FL 33431	% HODGSON RUSS LLP 1801 N. MILITARY TRAIL, SUITE 200 BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1515 N. Federal Hwy.		1515 N. Federal Hwy.	
Suite, Apt. #, etc.: Suite 405		Suite, Apt. #, etc.: Suite 405	
City & State: Boca Raton, Florida		City & State: Boca Raton, Florida	
Zip: 33432	Country: United States	Zip: 44342	Country: United States

4. FEI Number: 22-3830112 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HRAWG CORP.
1801 N. MILITARY TRAIL, SUITE 200
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Jamshid Keynejad 1515 N. Federal Hwy., Ste. 405 Boca Raton, Florida 33432	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (4/02)

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: Jamshid Keynejad (JAMSHID KEYNEJAD) 8/30/2002 561-361-6370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #