

# 2000 UNIFORM BUSINESS REPORT (UBR)

0005477 AF

DOCUMENT # L98000001363

1. Entity Name

WEST BROWARD X-RAY CENTER, LLC

**FILED**  
00 JAN 13 AM 10:39  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

7050 NORTHWEST 4TH STREET, SUITE 202  
PLANTATION FL 33317

Mailing Address

7050 NORTHWEST 4TH STREET, SUITE 202  
PLANTATION FL 33317-2247

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

PO BOX 16477

Suite, Apt. #, etc.

City & State

PLANTATION, FL

Zip

33318-6477

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0843691**  
APPLIED FOR

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

RIVERA, ROBERTO  
505 NORTHWEST 102ND WAY  
PLANTATION FL 33317

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.

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-4-2000

DATE

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

9. MANAGING MEMBERS / MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
RIVERA, ROBERTO  
505 NORTHWEST 102ND WAY  
PLANTATION FL 33324 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
RIVERA, MALLIE  
505 NORTHWEST 102ND WAY  
PLANTATION FL 33324 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
  
  
  
☐ Delete

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☐ Delete

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
  
  
  
☐ Change ☐ Addition  
7000003105607--3  
01/21/00 01010 008  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
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☐ Change ☐ Addition

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☐ 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1-4-2000 954 791 9729

Date

Daytime Phone #

CR2E083 (9/99)