

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L98000001363

FILED  
Jan 09, 2002 8:00 AM  
Secretary of State

**Entity Name:** WEST BROWARD X-RAY CENTER, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 16477  
PLANTATION, FL 333186477

**New Mailing Address:**

**FEI Number:** 65-0843691

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

RIVERA, ROBERTO  
505 NORTHWEST 102ND WAY  
PLANTATION, FL 33317 US

**Name and Address of New Registered Agent:**

RIVERA, ROBERTO  
7050 NW 4 STREET #202  
PLANTATION, FL 33317 US

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: ROBERTO RIVERA

01/09/2002

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: RIVERA, ROBERTO  
Address: 505 NORTHWEST 102ND WAY  
City-St-Zip: PLANTATION, FL 33324

Title: MGRM ( ) Delete  
Name: RIVERA, MALLIE  
Address: 505 NORTHWEST 102ND WAY  
City-St-Zip: PLANTATION, FL 33324

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: RIVERA, ROBERTO  
Address: 7050 NW 4 ST, #202  
City-St-Zip: PLANTATION, FL 33317

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ROBERTO RIVERA

MGRM

01/09/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date