

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90289 008 ***150.00

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1. Entity Name
INNER VISION RADIOLOGY INC.



Principal Place of Business
**770 CLAUGHTON ISLAND DR APT 1802
MIAMI FL 33131
1761 CORAL WAY
MIAMI FL 33145**

Mailing Address
**770 CLAUGHTON ISLAND DR APT 1802
MIAMI FL 33131**



2. Principal Place of Business
**725 CRANDON BLVD.
Suite, Apt. #, etc. **503****

3. Mailing Address
**725 CRANDON BLVD.
Suite, Apt. #, etc. **503****

CHECK HERE IF MAKING CHANGES

City & State
Key Biscayne FL

City & State
Key Biscayne FL

Zip
33149

Country
USA

4. FEI Number **65-1131039**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**GODREAU, ERIC M MD
770 CLAUGHTON ISLAND DR APT 1802
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name
SAME

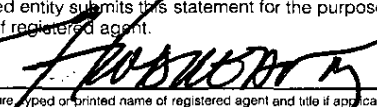
Street Address (P.O. Box Number is Not Acceptable)
725 CRANDON BLVD. 503

City
Key Biscayne

State
FL

Zip Code
33149

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  **ERIC M. GODREAU, MD** **1/13/03**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> Delete
NAME GODREAU, ERIC M MD	
STREET ADDRESS 770 CLAUGHTON ISLAND DR APT 1802	
CITY-ST-ZIP MIAMI FL 33131	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GODREAU, ERIC M. MD	
STREET ADDRESS 725 CRANDON BLVD. #503	
CITY-ST-ZIP Key Biscayne FL 33149	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4/21/03 305856-8870**

Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)