

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000946

1. Entity Name

INNOVATIVE MEDICAL IMAGING TWO "LLC"

Principal Place of Business

Mailing Address

8903 GLADES ROAD

SUITE A-8

BOCA RATON, FL 33434

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

22-3709829

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARNOLD E. NEEDLEMAN, M.D.

8903 GLADES ROAD

SUITE A-8

BOCA RATON, FL 33434

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-appointing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: MANAGER
NAME: ARNOLD NEEDLEMAN MD
STREET ADDRESS: 8903 GLADES RD, SUITE A8
CITY-ST-ZIP: BOCA RATON, FL 33434

☐ Delete

TITLE: MANAGER
NAME: ARNOLD NEEDLEMAN MD
STREET ADDRESS: 8903 GLADES RD, SUITE A8
CITY-ST-ZIP: BOCA RATON, FL 33434

☐ Change

☒ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Delete

TITLE:
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STREET ADDRESS:
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☐ Change

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☐ Change

☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/01

CR2E034 (11/00)