

2002 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

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 ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEEDLEMAN, ARNOLD E MD
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. 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)

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 25, 2002

-10/15/02--01065--005
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME ARNOLD NEEDLEMAN MD
STREET ADDRESS 8903 GLADES ROAD, SUITE A-8
CITY-ST-ZIP BOCA RATON FL 33434

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME MGR
STREET ADDRESS STERN BURG, ALAN
CITY-ST-ZIP 8903 GLADES ROAD # A-8
BOCA RATON FL 33434

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

10/4/02

561-218-9011

CR2E083 (4/02)