# 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L00000012176

**1.** Entity Name

**ADVANCED NUCLEAR IMAGING TECHNOLOGY, L.L.C.**

0012074

| Principal Place of Business | Mailing Address |
|---|---|
| 10900 63RD WAY NORTH<br>PINELLAS PARK FL 33782 | 10900 63RD WAY NORTH<br>PINELLAS PARK FL 33782 |

DO NOT WRITE IN THIS SPACE

| **2.** Principal Place of Business | **3.** Mailing Address | |
|---|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | |
| City & State | City & State | **4.** FEI Number **59-3700014** · Applied For / Not Applicable |
| Zip · Country | Zip · Country | **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 |
|---|---|
| ROGERS, HENRY J III<br>10900 63RD WAY NORTH<br>PINELLAS PARK FL 33782 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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)     DATE

**FILE NOW!!! FEE IS $50.00**
**Make Check Payable to Department of State**
**Due By September 25, 2002**

| **9.** | MANAGING MEMBERS/MANAGERS | | **10.** | ADDITIONS/CHANGES | |
|---|---|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>ROGERS, HENRY J III<br>10900 63RD WAY NORTH<br>PINELLAS PARK FL 33782 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change ☐ Addition |
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CR2E083 (4/02)

**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:** X *Henry J Rogers III*     7-15-02     (727) 647-0373

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE     Date     Daytime Phone #