

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012446

1. Entity Name
NEW IMAGE DIAGNOSTICS EQUIPMENT L.L.C.

Principal Place of Business

110 PORRO ST
QUINCY FL 32351

Mailing Address

110 PORRO ST
QUINCY FL 32351

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

☒ 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

WHETSTONE, W.W. JR
110 PORRO ST
QUINCY FL 32351

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.

(NOT) Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME NEWMAN, LEE
STREET ADDRESS 13639 ORCHARD GATE RD
CITY-ST-ZIP POWAY CA 92064

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

TITLE MGRM ☐ Delete
NAME NEFFINGER, STEVE
STREET ADDRESS 3 OLD POOR FARM RD
CITY-ST-ZIP WARE MA 01082

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

TITLE MGRM ☐ Delete
NAME TRURON, MIKE
STREET ADDRESS 138 CONVERSE ST
CITY-ST-ZIP LONGMEADOW MA 01106

TITLE ☒ Change ☐ Addition
NAME TIMON, MIKE
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME BAND, DAVID
STREET ADDRESS 2510 CROPSY AVE
CITY-ST-ZIP BROOKLYN NY 11214

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

TITLE MGRM ☐ Delete
NAME FALL, JEFFERY D
STREET ADDRESS 5619 DEXTER-ANN ARBOR RD
CITY-ST-ZIP DEXTER MI 48130

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

TITLE MGRM ☐ Delete
NAME WHETSTON, WOODROW W
STREET ADDRESS 2795 AJ HENRY DR
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ Change ☐ Addition
NAME
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: *Jeffery D Fall*

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

4/26/01

734 741-9080

Daytime Phone #

APPROVE
AND
FILED

01 MAY -1 PM 6:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

0024907 AF

CR2E083 (11/00)