2001 UNIFORM BUS	INESS REPO	RT (UBR	
DOCUMENT # L0000001	6181	•	FILED
ADVANCED PET, LLC		€ 7	01 MAR 21 AM 10: 41
Principal Place of Business 1596 S.E. Federal High Stuart, Fl. 34994	way 1596 S	T.E. Federo T.J. 33 349	SECRETARY OF STATE HIGH JOHN SEE. FLORIDA 84
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State City & State			4 FEI Number 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	Name	7. Name and Address of New Registered Agent
1675 Palm Beach La	Ha Bld Juite	Street Ad	dress (P.O. Box Number is Not Acceptable)
West Palm Beach	F1 33401	321	Ridge Rd.
	·	City	piter FL 339977
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 Man Durber - President & Secretary for Advanced Pet 3/17/01			
Signature, typed or printed name of registered agen		© Registered Agent signature OW!!! FEE IS \$5	required when reinstating) DAILE
		yable to Departm	
9. MANAGING MEME		10.	ADDITIONS/CHANGES Managing Member . Change Maddition 8
TITLE NAME STREET ADDRESS CITY-ST-ZIP	∐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member . Dhange Maddition Advanced Medical Inaging of Stuart, L.P. 1596 SE Federal Highway Stuart F1. 34994 President & Secretary Dhange Maddition
TITLE	☐ Delete	TITLE NAME	
NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	Mark Green berg Ft. 33477
TITLE	☐ Delete	TITLE .NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	-	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
TITLE TO THE TITLE	Delete	CITY-ST-ZIP TITLE	0000330330-2 -02/26701-010199-990180 Addition
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	*****55.00 *****55.00
TITLE NAME .	Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP		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: Description of Signing Mark Green berg 3/17/01 (561) 23-7000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MYSIGNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Destring Phone #			