2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000016181

FILED
01 MAR 21 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

ADVANCED PET, LLC

Principal Place of Business	Mailing Address
1596 S.E. Federal Highway Stuart, Fl. ~~34477~~ 34994	1596 S.E. Federal Highway Stuart, Fl. ~~34~~ 34994

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1063149 ☐ 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
Paul Trinley 1675 Palm Beach Lakes Blvd, Suite 700 West Palm Beach, Fl. 33401	Name: Mark Greenberg Street Address (P.O. Box Number is Not Acceptable): 321 Ridge Rd. City: Jupiter FL Zip Code: 33477

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: Mark Greenberg - President & Secretary for Advanced Pet DATE: 3/17/01
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

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition Managing Member - Advanced Medical Imaging of Stuart, L.P. 1596 SE Federal Highway Stuart, Fl. 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition President & Secretary Mark Greenberg 321 Ridge Rd. Jupiter, ~~Fl.~~ FL. 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000003989380--2 -03/26/01--01000 ☐ Change 018 ☐ Addition *****55.00 *****55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (11/00)

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: President & Secretary Mark Greenberg, Mark Greenberg 3/17/01 (561) 223-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #