

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90237 018 \*\*\*\*55.00

DOCUMENT # **L000000 16181**

1. Entity Name

**Advanced Pet, LLC**

**DO NOT WRITE IN THIS SPACE**

**943332**

2. Principal Place of Business

**1596 SE Federal Highway**  
Suite, Apt. #, etc.

3. Mailing Address

**1596 SE Federal Highway**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Stuart, Fl.**

City & State

**Stuart, Fl.**

4. FEI Number

**65-1063149**

Applied For

Not Applicable

Zip

Country

**34994 U.S.A**

Zip

Country

**34994 U.S.A**

5. Certificate of Status Desired

☒

**\$5.00 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

**Dr. Mark Greenberg**

Street Address (P.O. Box Number is Not Acceptable)

**321 Ridge Rd**

City

**Jupiter**

FL

Zip Code

**33477**

**DO NOT WRITE  
IN THIS SPACE**

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*

Signature typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**Mark Greenberg,  
President, MG Imaging Corp  
GP for AMIS, Managing  
Member**

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Mark Greenberg - Mark Greenberg*

**4/15/02 (772) 223-7000**

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

Date

Daytime Phone #

CR2E083B (12/01)