

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 08, 2003 8:00 am**  
**Secretary of State**

04-08-2003 90023 031 \*\*\*\*50.00

0043054

**DOCUMENT # L00000016181**

1. Entity Name

**ADVANCED PET, LLC**



Principal Place of Business

**1596 S.E. FEDERAL HIGHWAY  
STUART FL 34994**

Mailing Address

**1596 S.E. FEDERAL HIGHWAY  
STUART FL 34994**

2. Principal Place of Business

3. Mailing Address

**321 Ridge Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**c/o Dr. Mark Greenberg**

City & State

City & State

**Jupiter, FL**

Zip

Country

Zip

Country

**33477 U.S.A.**



☒ CHECK HERE IF MAKING CHANGES

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

**GREENBERG, MARK T ESQ.  
321 RIDGE ROAD  
JUPITER FL 33477**

7. Name and Address of New Registered Agent

Name

**Mark Greenberg, M.D.**

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. 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 Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete  
NAME **ADVANCED MEDICAL IMAGING OF STUART, L.P.**  
STREET ADDRESS **1596 SE FEDERAL HIGHWAY**  
CITY-ST-ZIP **STUART FL 34994**

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

TITLE **PS** ☐ Delete  
NAME **GREENBERG, MARK**  
STREET ADDRESS **321 RIDGE ROAD**  
CITY-ST-ZIP **JUPITER FL 33477**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

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

**Mark Greenberg**

Date

Daytime Phone #

**4/3/03 (772) 223-7000**

CR2E083 (10/02)