

2002 UNIFORM BUSINESS REPORT (UBR)

1/1

01-16-2002 90260 036 *****50.00
L0100000965

DOCUMENT # L0100000965

1. Entity Name

FAU MRI RADIOLOGY ASSOCIATES, LLC

FILED

2002 OCT 21 AM 10:02

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business

3848 FAU BLVD
SUITE 200
BOCA RATON FL 33431

Mailing Address

3848 FAU BLVD
SUITE 200
BOCA RATON FL 33431

13809



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FEI Number

05-1084737

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

STEINBERG, FRED L MD
3848 FAU BLVD
SUITE 200
BOCA RATON FL 33431

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

Fred Steinberg
Fred Steinberg

1/8/02
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM NAME Fred L Steinberg, MD Delete
STREET ADDRESS 3848 FAU Blvd., Ste 200
CITY-ST-ZIP Boca Raton, FL 33431

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
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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 808, Florida Statutes.

SIGNATURE:

Fred Steinberg
Member Fred Steinberg 1/8/02 561-362-9191

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

Date

Daytime Phone #

CR2E083 (9/01)