FILED
Aug 13, 2002 8:00 am
Secretary of State
07-24-2002 90143 012 ****50.00

7/24/2002-90143-

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000005920

1. Entity Name
CORAL WAY DIAGNOSTIC & MEDICAL SERVICES, LLC

41475

Principal Place of Business	Mailing Address
321 23RD ST. MARATHON FL 33050	321 23RD ST. MARATHON FL 33050

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

4. FEI Number 65-1095812 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
WRIGHT, THOMAS D
9711 OVERSEAS HWY., STE. 9
MARATHON FL 33050

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS / MANAGERS	10. ADDITIONS / CHANGES
MGRM YOUNG, DEAN M 321 23RD STREET OCEAN MARATHON FL 33050 ☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition

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 605, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED 7/15/02
Date

CR2E043 (4/02)