

# 2002 UNIFORM BUSINESS F

DOCUMENT # L01000006960

1. Entity Name

INNOVATIVE MEDICAL IMAGING-NAPLES, L.L.C.

Principal Place of Business

Mailing Address

8903 GLADES ROAD  
SUITE A-8  
BOCA RATON FL 33434

8903 GLADES ROAD  
SUITE A-8  
BOCA RATON FL 33434

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEEDLEMAN, ARNOLD E M.D.  
8903 GLADES ROAD  
SUITE A-8  
BOCA RATON FL 33434

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

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 Department of State**  
**Due By September 25, 2002**

800008379998--3  
-10/15/02--01065--006  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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  
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☐ Change

☒ Addition

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

10/4/02

561-218-9011

FILED

02 OCT 28 PM 3:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (4/02)

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