

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 11, 2002 8:00 am**  
**Secretary of State**

08-11-2002 90166 032 \*\*\*\*50.00

**973201**



DO NOT WRITE IN THIS SPACE

**DOCUMENT #** L01000012625  
**1. Entity Name**  
**AURORA MEDICAL IMAGING LLC** ✓

**Principal Place of Business**      **Mailing Address**  
**157 BALTIC CIRCLE**      **157 BALTIC CIRCLE**  
**TAMPA FL 33606**      **TAMPA FL 33606**

**2. Principal Place of Business**      **3. Mailing Address**  
**4634 Summerdale Blvd**      **464 W. Davis Blvd**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

**City & State**      **City & State**  
**Pace FL 32571**      **Tampa FL**  
**Zip**      **Country**      **Zip**      **Country**  
**32571**      **USA**      **33606**      **USA**

**4. FEI Number**      **Applied For**  
**59-3738234**      **Not Applicable**  
**5. Certificate of Status Desired**       **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**BARTLEY, PAULA S**  
**157 BALTIC CIRCLE**  
**TAMPA FL 33606**

**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.**  
**SIGNATURE** Paul S Bartley      **DATE** 8-5-02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>RAZ ENTERPRISES LLC</b> <b>157 BALTIC CIRCLE</b> <b>TAMPA FL 33606</b>	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:** Paul S Bartley      **DATE** 8-5-02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (9/01)