5/27

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2002 8:00 am
Secretary of State
05-27-2002 90408 045 ****50.00

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000013423

1. Entity Name
WESTCHESTER DIAGNOSTIC RADIOLOGY L.L.C.

Principal Place of Business	Mailing Address
2500 S.W. 75TH AVE. RADIOLOGY DEPARTMENT MIAMI FL 33155	P.O. BOX 557249 MIAMI FL 33255-7249

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: 651119703 ☐ 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
PEREZ, ELIZABETH L ~~4520 GRANADA BLVD.~~ ~~CORAL GABLES FL 33146~~ SAME Agent 1643 BricKELL AVE Apt 1001 MIAMI, FLORIDA new address	Name: ELizabeth L Perez Street Address (P.O. Box Number is Not Acceptable): 1643 BricKELL AVE Apt 1001 City: MiAMI FL Zip Code: 33129

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 [signature] ELIZABETH L. Perez 5/01/02
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 May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President MANUEL Perez M.D. 1643 BrickellAVE APt 1001 miAmi FloRiDA 33129 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (9/01)

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] 05/01/02 305-984-6344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #