

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90168 006 ****50.00

DOCUMENT # L01000014622

1. Entity Name
~~SIGNET HEALTHCORP, LLC~~

SIGNET DIAGNOSTIC IMAGING SERVICES, LLC

Principal Place of Business

301 N. MILITARY TRAIL
SUITE 200
BOCA RATON FL 33431

Mailing Address

1801 N. MILITARY TRAIL
SUITE 200
BOCA RATON FL 33431

2. Principal Place of Business

1515 N. Federal Hwy.
Suite, Apt. #, etc.
Suite 405

City & State
Boca Raton, Florida

Zip Country
33432 United States

3. Mailing Address

1515 N. Federal Hwy.
Suite, Apt. #, etc.
Suite 405

City & State
Boca Raton, Florida

Zip Country
33432 United States



DO NOT WRITE IN THIS SPACE

4. FEI Number

22-3826279

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HRAWG CORP.
1801 N. MILITARY TRAIL
SUITE 200
BOCA RATON FL 33431

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME
Managing Member
Jamshid Keynejad
STREET ADDRESS
1515 N. Federal Hwy., Ste. 405
CITY-ST-ZIP
Boca Raton, Florida 33432

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

10.

ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
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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: *Jamshid Keynejad*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8/30/2002
Date

561-362-6370
Daytime Phone #

CR2E083 (4/02)