

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0002453

DOCUMENT # L01000015404

1. Entity Name
IMAGING CENTER NETWORK LLC



FILED
03 JAN 29 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|--|---|
| Principal Place of Business 2345 FORBES ST JACKSONVILLE FL 32256 | Mailing Address 7852 JAMES ISLAND WAY JACKSONVILLE FL 32256 |
|--|---|



CHECK HERE IF MAKING CHANGES

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip 32204 | Country |
| Zip | Country |

| | |
|---|--|
| 4. FEI Number 59-3743951 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE. SUITE 3000
MIAMI FL 33131**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

200011782108
02/04/03--01039--026 **300.00

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---------------------------------|
| TITLE MGR | <input type="checkbox"/> Delete |
| NAME FRANCO, EDWARD E | |
| STREET ADDRESS 2852 JAMES ISLAND WAY JACKSONVILLE FL 32256 | |
| CITY-ST-ZIP | |

10. ADDITIONS/CHANGES

| | |
|--|---|
| TITLE 7852 JAMES ISLAND WAY | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME JACKSONVILLE, FL, 32256 | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 REQUIRED** **1/28/03 904-391-1600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CFR2E083 (10/02)