

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0002504

DOCUMENT # L01000015405

1. Entity Name
IMAGING CENTER AT LAKEWOOD LLC



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

Principal Place of Business
**2301 UNIVERSITY BLVD. W.
JACKSONVILLE FL 32217-2022**

Mailing Address
**7652 JAMES ISLAND WAY
JACKSONVILLE FL 32256**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3743950**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**INTRASTATE REGISTERED AVETN CORPROATION
701 BRICKELL AVE. SUITE 3000
MIAMI FL 33131**

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 Florida Department of State
Due By May 1, 2003

100011783091
02/04/03--01039--026 **300.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRANCO, E. EDWARD 2301 UNIVERSITY BLVD. W. JACKSONVILLE FL 32217-2022	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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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: _____

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

Date

Daytime Phone #

CR2E083 (10/02)