L01000016077

2002 UNIFORM BUSINESS REPORT (UBR)

SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 23 PM 1:28

DOCUMENT # L01000016077

1. Entity Name

CONCEPT OPEN IMAGING CENTER, LLC

Principal Place of Business	Mailing Address
875 N. MILITARY TRAIL. SUITE 101 JUPITER FL 33458 US	875 N. MILITARY TRAIL. SUITE 101 JUPITER FL 33458 US

DO NOT WRITE IN THIS SPACE

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 ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SINGER, MICHAEL S
3801 PGA BLVD.
SUITE 802
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name Robin Miller

Street Address (P.O. Box Number is Not Acceptable)

2290 10th Ave North

City Lake Worth FL Zip Code 33461

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 Robin Miller, Controller DATE

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $60.00
Make Checks Payable to: Department of State
100009086071
12/23/02--01083--009 **100.00

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member/MGRM Richard Lerner 108 Admiralty Dr. #6 Jupiter FL 33477 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200009086222 4/19/02 01083 010 $100.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member/MGRM Michael Hoffman 393 Minerva Pl Jupiter FL 33458 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100009086071 12/23/02--01043--022 **100.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ANNUAL STATEMENT 2002 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EF $160 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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

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: [illegible] Controller (561)493-2242

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE. Date Daytime Phone #

CR2E083 (4/02)