2

FILED
Mar 29, 2002 8:00 am
Secretary of State
02-19-2002 90041 029 ****50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000016482

1. Entity Name
Coral Springs Diagnostic Center, LLC

DO NOT WRITE IN THIS SPACE

18517

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1401 N. University Dr.	1401 N. University Dr.
Suite, Apt. #, etc. Suite 500	Suite, Apt. #, etc. Suite 500
City & State Coral Springs, FL	City & State Coral Springs, FL
Zip 33071 Country USA	Zip 33071 Country USA

4. FEI Number 59-2547311 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Gary M. Krasna, P.A.
Street Address (P.O. Box Number is Not Acceptable): 3010 North Military Trail, Suite 210
City: Boca Raton FL Zip Code 33431

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 Gary M. Krasna 2/7/02
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM NAME Doshi, Nitin STREET ADDRESS 560 South Broadway CITY-ST-ZIP Hicksville, NY 11801	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

CR2E083B (12/01)

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: Nitin Doshi 2/11/02 516-933-3126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #