## L02000002678

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## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 1, 2003

AVENTURA NUCLEAR IMAGING, LLC 1666 NE MIAMI GARDENS DRIVE NORTH MIAMI BEACH, FL 33179

SUBJECT: AVENTURA NUCLEAR IMAGING, LLC

Ref. Number: L02000002678

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Our records indicate the registered agent for the above named limited liability company resigned on June 25, 2003 and that the limited liability company currently does not have a registered agent designated.

Chapter 608, Florida Statutes, requires this office to give 60 days notice of our intent to dissolve a limited liability company for failure to appoint and maintain a registered agent.

This letter is our notice of intent to dissolve the above named limited liability company 60 days from the date of this letter if a registered agent is not properly designated.

Enclosed is a registered agent designation application for you to complete and return with filing fee of \$25.

If you should need any further information, please contact our office at (850) 245-6050.

Carol Mustain Document Specialist



## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigne liability company submits the following statement in order to change its registered office or agent, or both, in the State of Florida.	d limite egistere
agem, or both, in the State of Florida.	

<ol> <li>The name of the limited li</li> </ol>	ability company is: _	Hventura	Nuclear_	1 magin	24
2. The mailing address of the	limited liability com	pany is : 1666	NE HIAMI	· Garatei	rs,
No. Hlami Beh	FL 331	79			
2/4/02		LO	20000 26- cument number	18	
3. Date of filing/registration	in Florida	4. Do	cument number	•	
5. The name of the registered	agent and the registe	red office address	as shown on the re	cords of the	:
Florida Department of Stat	A 1 1	hents of	FL LEC		-
	Hehistered H	hame	3500		
<del></del>	A A	ddress	131		٠ ــــ
_	MIGMI F	tate and Zip	197		
6. The name and address of t	ne new registered age	nt and/or office:		65	
	ISIS Bar	r050 =		FILED SO	
	1666 NE MI	ime Goods	on Dr.	S S	
	lorida street address (		cceptable)	60	
<u> </u>	lami City, Sta	FL 33	3179	, <u>o</u> .	
· —	City, Sta	te and Zip		v *	<u> </u>
If the limited liability compar confirmed that after the chan and the business office of the liability company, it is hereby the members of the limited li the operating agreement of the Clignature of a member of authorized	ge or changes are made registered agent will y confirmed that the cability company or as the limited liability cor	le, the Florida stre be identical. Or, hange(s) was/wer otherwise provid npany.	eet address of the re in the case of a Flo	gistered offi rida limited	
	•		• •		
(Printed or typed name of signee)	rg	<del></del>			. <u>-</u>
I hereby accept the appoints comply with the provisions o and I am familiar with and a Chapter 608, F.S. Or, if this address, I hereby confirm the	tent as registered age fall statutes relative to come the obligations document is being fill at the limited liability	ent and agree to a to the proper and of my position as ed to merely refle company has bee	ct in this capacity, complete performa registered agent as ct a change in the r n notified in writing	I further ag nce of my di provided fo egistered of g of this cha	ree i uties or in fice nge.
(Signature of Registered Agent)	A.		in the second se		э.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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