

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

03-05-2003 90302 047 \*\*\*\*50.00

0055393

**DOCUMENT # L02000017636**



1. Entity Name  
**OSTEOPOROSIS IMAGING CENTERS, L.L.C.**

Principal Place of Business      Mailing Address  
**4420 WEST OAKLAND PARK BOULEVARD**      **4420 WEST OAKLAND PARK BOULEVARD**  
**LAUDERDALE LAKES FL 33313**                      **LAUDERDALE LAKES FL 33313**

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  
**59-2127418**       Not Applicable

5. Certificate of Status Desired       **\$5.00** Additional Fee Required

CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**LEEDS, ROBERT**  
**4420 WEST OAKLAND PARK BOULEVARD**  
**LAUDERDALE LAKES FL 33313**

**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 \_\_\_\_\_  
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**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>LEEDS, ROBERT</b>	
STREET ADDRESS	<b>4420 WEST OAKLAND PARK BOULEVARD</b>	
CITY-ST-ZIP	<b>LAUDERDALE LAKES FL 33313</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

*6145-129*  
*44423*

**RECEIVED**  
**FEB 26 2003**  
**FIH ADMIN**

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: *Robert Leeds*      2-24-03      984-733-2663  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (10/02)