


FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 SEP 23 PM 2:06

DOCUMENT # L03000052567

1. Entity Name  
ADVANCED DIAGNOSTIC IMAGING PROFESSIONAL SERVICES, P.L.L.C.



Principal Place of Business  
2650 NORTH MILITARY TRAIL  
FOUNTAIN SQUARE II, SUITE 140  
BOCA RATON, FL 33431

Mailing Address  
2650 NORTH MILITARY TRAIL  
SUITE 140  
BOCA RATON, FL 33431 US

2. Principal Place of Business - No P.O. Box #  
  
Suite, Apt. #, etc.

3. Mailing Address  
  
Suite, Apt. #, etc.

City & State

City & State

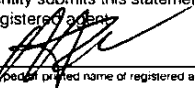
ZipCountry

ZipCountry

6. Name and Address of Current Registered Agent  
  
FAGIEN, MICHAEL  
2650 NORTH MILITARY TRAIL  
SUITE 140  
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent  
  
Name  
  
Street Address (P.O. Box Number is Not Acceptable)  
  
CityFLZip 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, Special printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE  
09/15/08

FILE NOW!!! FEE IS \$138.75  
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGR  
FAGIEN, MICHAEL  
2650 NORTH MILITARY TRAIL  
BOCA RATON, FL 33431

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGR  
Fagien, Michael  
2650 N. Military Trail #140  
Boca Raton, FL 33431

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

600136248996  
09/23/08--01020--023 \*\*143.75

☐ 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

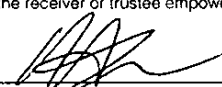
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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 exemptions contained in Chapter 119, 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  
09/15/08  
Daytime Phone #

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 SEP 23 PM 2:06



09192008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
25-1906658  
Applied For  
Not Applicable

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