

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000114

1. Entity Name
MMM RADIOLOGY, L.C.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 SEP 25 AM 11:02

Principal Place of Business Mailing Address
 7900 GLADES ROAD, SUITE 400 7900 GLADES ROAD, SUITE 400
 BOCA RATON FL 33434 BOCA RATON FL 33434



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number Applied For
65-0823787 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HANDLER, HENRY B
 C/O WEISS & HANDLER PA
 2255 GLADES RD STE 218 17
 BOCA RATON FL 33431**

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.

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

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	MGR MCGEE, ALLEN D 7900 GLADES ROAD, SUITE 400 BOCA RATON FL 33434	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	000003408920-1 -09/29/00--01009--020 *****50.00 *****50.00
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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: **MCGEE ALLEN D** Date: **9-20-2000** Daytime Phone #: **561477-3500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

CR2E013 (5/00)