

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90091 049 *****50.00

DOCUMENT # L98000001363

1. Entity Name

WEST BROWARD X-RAY CENTER, LLC



Principal Place of Business

**7050 NORTHWEST 4TH STREET, SUITE 202
PLANTATION FL 33317**

Mailing Address

**PO BOX 16477
PLANTATION FL 33318-6477**

20014152



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0843691**

Applied For

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

**RIVERA, ROBERTO
7050 NW 4 STREET #202
PLANTATION FL 33317**

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.

ROBERTO RIVERA, MD

(NOTE: Registered Agent signature required when reinstating)

1/20/03

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
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
RIVERA, ROBERTO
7050 NW 4 ST, #202
PLANTATION FL 33317**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
RIVERA, MALLIE
505 NORTHWEST 102ND WAY
PLANTATION FL 33324**

☐ Delete

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

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:

SIGNATURE OF ROBERTO RIVERA, MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/20/03

Date

954-791-9729

Daytime Phone #

CR2E083 (10/02)