

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90018 042 \*\*\*\*55.00

**DOCUMENT # L98000002622**

1. Entity Name

**FLORIDA DIAGNOSTIC ASSOCIATES, L.L.C.**

Principal Place of Business

**8700 N. KENDALL DRIVE  
 SUITE 212  
 MIAMI FL 33176**

Mailing Address

**8700 N. KENDALL DRIVE  
 SUITE 212  
 MIAMI FL 33176**

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

**65-0873986**

Applied For

Not Applicable

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

**FIELDSTONE, RONALD R ESQ.  
 201 ALHAMBRA CIRCLE  
 SUITE 601  
 CORAL GABLES FL 33134**

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

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 Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
 NAME **VAN HOUTEN, SUSAN**  
 STREET ADDRESS **11443 KEY DEER CR.**  
 CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **MGR** ☐ Delete  
 NAME **PARDINAS, MARIA**  
 STREET ADDRESS **12221 S.W. 120TH AVE.**  
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **MEM** ☐ Delete  
 NAME **FIELDSTONE, RONALD R**  
 STREET ADDRESS **201 ALHAMBRA CIRCLE, SUITE 601**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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 68, Florida Statutes.

SIGNATURE:

*[Signature]*

*Susan Van Houten, mgr*  
**561 333 0073**

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

Date

Daytime Phone #

CR2E083 (9/01)