

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003366

1. Entity Name
INNOVATIVE MEDICAL IMAGING, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 14 PM 1:25

mf



DO NOT WRITE IN THIS SPACE

Principal Place of Business 8903 GLADES ROAD, A-8 BOCA RATON FL 33434	Mailing Address 8903 GLADES ROAD, A-8 BOCA RATON FL 33434
---	---

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 65-0891235	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

NEEDLEMAN, ARNOLD
8903 GLADES ROAD
SUITE A-8
BOCA RATON FL 33434

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

300003327213---6
-07/19/00---01012---026
*****50.00 *****50.00

9. MANAGING MEMBERS / MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEEDLEMAN, ARNOLD 8903 GLADES ROAD, SUITE A-8 BOCA RATON FL 33434	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Arnold Needleman* **7-7-00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (5/00)