

# 2002 UNIFORM BUSINESS REPORT (UBR)

00096931

DOCUMENT # L98000003366

**L98000003366**

1. Entity Name  
**INNOVATIVE MEDICAL IMAGING, LLC**

02 OCT 28 PM 3:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

8903 GLADES ROAD, A-8  
BOCA RATON FL 33434

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

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

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

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*10/21/02*

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

**300008379943--4**  
**-10/15/02--01065--003**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **MGR** ☐ Delete  
NAME **NEEDLEMAN, ARNOLD**  
STREET ADDRESS **8903 GLADES ROAD, SUITE A-8**  
CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE **MGR** ☐ Change ☒ Addition  
NAME **NEEDLEMAN, ARNOLD MD**  
STREET ADDRESS **8903 GLADES ROAD A-8**  
CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGR** ☐ Change ☒ Addition  
NAME **STERNBERG, ALAN**  
STREET ADDRESS **8903 GLADES ROAD A-8**  
CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **300008379943**  
**10/29/02--01078--006** **\*\*300.00**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 608, Florida Statutes.

SIGNATURE: *[Signature]*

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

*10/4/02* **561-218-9011**

Date Daytime Phone #

CR2E083 (4/02)