

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L98000003429

1. Entity Name

FLORIDA IMAGING CONSULTANTS, P.C. LLC

00 MAY 22 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4000 HOLLYWOOD BLVD., SUITE 350, NORTH TOWER
HOLLYWOOD FL 33021

Mailing Address

4000 HOLLYWOOD BLVD., SUITE 350, NORTH TOWER
HOLLYWOOD FL 33021-6789



2. Principal Place of Business

901 S.W. Martin Dancers Blvd.
Suite, Apt. #, etc.
314

3. Mailing Address

901 S.W. Martin Dancers Blvd.
Suite, Apt. #, etc.
314

DO NOT WRITE IN THIS SPACE

City & State

Palm City, FL

City & State

Palm City, FL

4. FEI Number

65-0883822

Applied For

Not Applicable

Zip

34990

Country

Martin

Zip

34990

Country

Martin

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

COEL, MARK A ESQ.
4000 HOLLYWOOD BLVD., SUITE 350, NORTH TOWER
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name

Jeffrey L. Cohen, Esq.

Street Address (P.O. Box Number is Not Acceptable)

54 N.E. Fourth Avenue

City

Delray Beach

FL

Zip Code

33483

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM ☐ Delete
NAME GALLANT, DREW
STREET ADDRESS 5146 S.W. SPRING ASTER COURT
CITY-ST-ZIP PALM CITY FL 34990

TITLE MGRM ☐ Delete
NAME ZAYAS, HENRY
STREET ADDRESS 1590 CYPRESS GLEN WAY
CITY-ST-ZIP STUART FL 34997

TITLE MGRM ☐ Delete
NAME WALKER, ANDREW
STREET ADDRESS 6 CRANES NEST
CITY-ST-ZIP STUART FL 34996

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 200003283772-4
CITY-ST-ZIP -06/09/00--01113--025

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS *****50.00 *****50.00
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

[Signature]

5/17/00

501-223-5575