

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 FEB -5 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000003429

1. Entity Name
FLORIDA IMAGING CONSULTANTS, P.L.

Principal Place of Business
901 S.W. MARTIN BLVD., SUITE 314
PALM CITY FL 34990

Mailing Address
901 S.W. MARTIN BLVD., SUITE 314
PALM CITY FL 34990



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0883822

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

COHEN, JEFFREY L ESQ.
54 N.E. FOURTH AVE.
DELRAY BEACH FL 33483

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
000003677640--9
-02/13/01--01045--016
*****50.00 *****50.00 ☐ Change ☐ Addition

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

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

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

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: Andrew Walker

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

Date

Daytime Phone #

2/2/01

(561) 223-5515

CR2E083 (11/00)

0032828 SP