Amended

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
01 MAY 23 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M00000000456

1. Entity Name

Cat Scan 2000 of Florida LLC

Principal Place of Business	Mailing Address
19995 U.S. Hwy 19 North	19995 U.S. Hwy 19 North

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Clearwater, FL	City & State Clearwater, FL
Zip 33764 Country	Zip 33764 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 88-0442514 ☐ 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
Baker, Richard W. 2535 Success Drive Odessa, FL 33556	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 ____________________________ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Make Check Payable to Department of State

200004425292--0
-06/18/01--01123--002
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Doane,Diane 19995 U.S. Hwy 19 North Clearwater, FL 33764	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Baker, Richard W. 2535 Success Drive Odessa, FL 33556	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, CEO Johnson, Gina 19995 U.S. Hwy 19 North Clearwater, FL 33764	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Speer, Roy M. 2535 Success Drive Odessa, FL 33556	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (11/00)

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: R. W. Baker 5/14/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #