

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M00000001370

FILED  
Sep 02, 2002  
Secretary of State

**Entity Name:** MOBILE BIOPSY MANAGEMENT, LLC

**Current Principal Place of Business:**

164 BAYMOUNT DRIVE  
STATESVILLE, NC 28625

**New Principal Place of Business:**

**Current Mailing Address:**

164 BAYMOUNT DRIVE  
STATESVILLE, NC 28625

**New Mailing Address:**

**FEI Number:** 56-2047324

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBINSON, GARY T MD  
5540 DELORIS DRIVE  
HOLIDAY, FL 34690 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: CEO ( ) Delete  
Name: ROBINSON, GARY T  
Address: 164 BAYMOUNT DRIVE  
City-St-Zip: STATESVILLE, NC 28625

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ROBINSON, GARY T  
Address: 164 BAYMOUNT DRIVE  
City-St-Zip: STATESVILLE, NC 28625

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: GARY ROBINSON

MGRM

09/02/2002

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date