

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90065 048 ****55.00

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DOCUMENT # M02000003084

1. Entity Name

~~WHOLEBODY-IMAGING, L.L.C.~~



Principal Place of Business

20221 SW 49TH COURT
FORT LAUDERDALE FL 33332

Mailing Address

20221 SW 49TH COURT
FORT LAUDERDALE FL 33332

2. Principal Place of Business

20221 SW 49th Ct

3. Mailing Address

20221 SW 49th Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Fort Lauderdale, FL

Zip 33332

Country

Broward

Zip 33332

Country

Broward

6. Name and Address of Current Registered Agent

~~CAPITAL CONNECTION
417 E VIRGINIA ST. STE 1
TALLAHASSEE FL 32301~~

4. FEI Number 30-0129085

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

7. Name and Address of New Registered Agent

Name S.A. Hewel

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

20221 S.W. 49th Ct.

City - Fort Lauderdale

FL

Zip Code 33332

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

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

7/2/03
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CECIL, DENNIS D 1314 LAS OLAS BLVD FORT LAUDERDALE FL 33301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HEWEL, S. ALLEN 20221 SW 49TH COURT FORT LAUDERDALE FL 33332	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

S.A. Hewel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/2/03

CR2E083 (4/03)