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2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P0000050596 1. Entity Name R.O.S.E. RADIOLOGY SERVICE INC.					SECR	ETARY	ED OF STAT E, FLORI	E Da	
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Principal Place of Business 8567 CORAL WAY SUITE 306 MIAMI FL 33155-2335 2. Principal Place of Business		Mailing Address 8567 CORAL WAY SUITE 308 MIAMI FL 33155-2335							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			L I () I I I I I I I I I I I I I I I I I				
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City & Sta	ite	City & State			FEI Number 5 10/607	-4+	L	polied For of Applicable	<u>-</u>
Zip	Country	Zip	Country	5. (Certificate of Status Desire	ed 🔲	\$8.75 Ad Fee Require	ditional ed	7
	6. Name and Address of Curren	t Registered Agent		7, 1	Name and Address of Ne	w Register			- -1-
GOMEZ, DANILO 8567 CORAL WAY			Name Street Addre	ss (P.O. E	Box Number is Not Accept	table)			
	TE 308 MI FL 33155-2335]
			City				📺 📗 Zip Cod	le	
	a named entity submits this statement f	or the purpose of changing its i	registered office or regi	stered eg	ent, or both, in the State of		Zip Cod		
SIGNATURE	Signature, typed or printed name of registered eger	e	Registered Agent signature req	uired when re	winstaing)	of Florida. DAT	FE \$5:0	00 May Be	
SIGNATURE 9: This corporate filing	Signature, typed or printed name of registered agen	e FILE NOW!! After MAY 1, 200	Registered Agent signature req	ired when re	10: Election Campaign Trust Fund Contrib	DAI	FE \$5:€	d to Fees	
9. This corporate flag (See criter)	Signature, typed or printed name of registered ager oretion: is eligible-to-satisfy-its-Intangible requirement and elects to do so, ris on back) OFFICERS AND	e FILE NOWII After MAY 1, 200 Make Check Payable	Registered Apent signature req ? FEE IS \$150,00 on Fee will be \$550.0 te to Department of \$12.	ired when re	winstaing)	DAI	\$5:6 Adde	d to Fees S IN 11	
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of the corporation or the receiver or trustee empowered to execute this report is changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



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