DOCOUVENT # POTOU0045144 Letaly Name TERRI NOE, M.D., RADIOLOGY P.A. Principal Place of Business TOSON ORTH BAY ROAD SUNNY ISLES BEACH, FL 33160 DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE 4. FE: Number 6. Name and Address of Current Registered Agent BURACK, MARSHALL R ONE SOUTHEAST 3RD AVENUE SITH FLCOR MIAMI, FL 33131 DO NOT WRITE BURACK, MARSHALL R ONE SOUTHEAST 3RD AVENUE SIGNATURE Free above named ontity submits this statement for the purpose of changing its registered office or registated agent, or both, in the State of Plorde. I am familiar with, and ac the above named ontity submits this statement for the purpose of changing its registered office or registated agent, or both, in the State of Plorde. I am familiar with, and ac the above named ontity submits this statement for the purpose of changing its registered office or registated agent, or both, in the State of Plorde. I am familiar with, and ac the above named ontity submits this statement for the purpose of changing its registered office or registated agent, or both, in the State of Plorde. I am familiar with, and ac the above named ontity submits this statement for the purpose of changing its registered office or registated agent, or both, in the State of Plorde. I am familiar with, and ac the above named ontity submits this statement for the purpose of changing financing True Lippland State of Free will be \$550.00 True Lippland State of Free will be \$550.00 True In Company in the Compan	2004 FOR PROFIT CORPORATION ANNUAL REPORT		FILED May 03, 2004 08:00 AN	
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the obligations of registered agent.	URACK, MARSHALL R NE SOUTHEAST 3RD AVENUE 8TH FLOOR	Agent		
P NOE, TERRI MD IREE ADDRESS 19030 NORTH BAY ROAD INF.ST-2P SUNNY ISLES BEACH, FL 33160 TLE MME MREF ADDRESS 05/04/04-80120-015 150.00 TV-ST-2P DO NOT WRITE ILE MME REF ADDRESS TV-ST-2P DO NOT WRITE IN THIS SPACE NY-ST-2P IN THIS SPACE ILE ME ME MEEL ADDRESS TV-ST-2P ILE IN THIS SPACE ILE IN THIS SPACE ILE IN THIS SPACE	the obligations of registered agent. GNATURE Signature, typed or printed name of registered agent and life if applic. FILE NOW!!! FEE IS \$150.00 9.	able. (NOTE Registered Agent algorature requi	red when reinstalling) DATE p :	
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GIGNATURE: 1/11 allog march 4/29/04	. I hereby certify that the information supplied with this filling du indicated on this report or supplemental report is true and ac of the corporation or the receiver or trustee empowered to ex changed, or on an attachment with an address, with all other		Section 119.07(3)(i), Florida Statutes. I further certify that the information a same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 10 or Block 11 if 4/78/64	

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