

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

04-28-2003 91303 017 ***150.00

DOCUMENT # P01000045144	
1. Entity Name TERRI NOE, M.D., RADIOLOGY, P.A.	

DO NOT WRITE IN THIS SPACE

11024234

2. Principal Place of Business 19030 North Bay Road	3. Mailing Address 19030 N. Bay Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Sunny Isles Beach, FL	City & State Sunny Isles Beach, FL	4. FEI Number 65-1104065	Applied For <input type="checkbox"/> Not Applicable
Zip 33160	Country USA	Zip 33160	Country USA

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Marshall R. Burack
Street Address (P.O. Box Number is Not Acceptable) ONE Southeast 3rd Ave, 28th Floor
City Miami
State FL
Zip Code 33131

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP PRESIDENT TERRI NOE 19030 North Bay Road Sunny Isles Beach, FL 33160	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____