

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


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

04-28-2003 90289 008 \*\*\*150.00

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DOCUMENT # **P01000081499**

1. Entity Name  
**INNER VISION RADIOLOGY INC.**



Principal Place of Business  
**770 CLAUGHTON ISLAND DR APT 1802  
MIAMI FL 33131  
1761 CORAL WAY  
MIAMI FL 33145**

Mailing Address  
**770 CLAUGHTON ISLAND DR APT 1802  
MIAMI FL 33131**



2. Principal Place of Business  
**725 CRANDON BLVD.  
503**

3. Mailing Address  
**725 CRANDON BLVD.  
503**

CHECK HERE IF MAKING CHANGES

City & State  
**Key Biscayne FL**

City & State  
**Key Biscayne FL**

Zip  
**33149**

Country  
**USA**

4. FEI Number **65-1131039**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**GODREAU, ERIC M MD  
770 CLAUGHTON ISLAND DR APT 1802  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name  
**SAME**

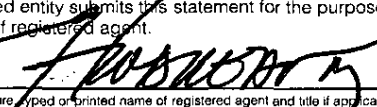
Street Address (P.O. Box Number is Not Acceptable)  
**725 CRANDON BLVD. 503**

City  
**Key Biscayne**

State  
**FL**

Zip Code  
**33149**

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  **ERIC M. GODREAU, MD** **1/13/03**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>GODREAU, ERIC M MD<br/>770 CLAUGHTON ISLAND DR APT 1802<br/>MIAMI FL 33131</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>PD<br/>GODREAU, ERIC M. MD<br/>725 CRANDON BLVD. #503<br/>Key Biscayne FL 33149</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4/21/03 305856-8870**

Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)