2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P94000034653

Entity Name: A. FUEREDI RADIOLOGY, P.A.

FILED Apr 25, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4413 OUTER DRIVE 4330 TAMIAMI TRAIL E SUITE 2 NAPLES, FL 34112 U

NAPLES, FL 33962 US

Current Mailing Address: New Mailing Address:

4413 OUTER DR 4330 TAMIAMI TRAIL E SUITE 2 NAPLES, FL 34112 US NAPLES, FL 33939 US

FEI Number: 65-0485797 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FUEREDI, ADAM MD 1857 GALLEON DR NAPLES, FL 33940

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition

 Name:
 FUEREDI, ADAM MD
 Name:
 FUEREDI, ADAM MD
 MD

 Address:
 1857 GALLEON DR
 Address:
 1857 GALLEON DR

 City-St-Zip:
 NAPLES, FL
 City-St-Zip:
 NAPLES, FL
 33940

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADAM FUEREDI MD 04/25/2002