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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P95000027998 **DOCUMENT#**

1. Entity Name

AVENTURA RADIOLOGY ASSOCIATES, P.A.



Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90150 003 ***150.00

Assistance of Business 200							GOO WE TROS					
Suite, Apt. #, 60c. Suite, Apt. #, 60c. Glip. Apt. #, 61c. Glip. A	Principal Place of Business 20900 BISCAYNE BLVD AVENTURA FL 33309 US			20590 W DIXIE HWY SUITE 3000 NORTH MIAMI BEACH FL 33180								
City & State Country Country Country Country Country Country Country Country Country Special Address of State Desired Registered Agent Name Name Name Name Name Streed Address of New Registered Agent Name Name Streed Address (R.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip C	2. Principal Place of Business				3. Mailing Address					II BARKA III	TE CONTINUENCE E	8181 IBN 1881
Zip Country Zip Country 5, Certificate of Status Desired Sex 58.75 Additional Pee People of Sex 75 Additional Pee People of Se	Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
S. Certificate of Satural Desired S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 8 & C CORPORATE SERVICES, INC. 201 S. BISCAYNE BLVD. SUTE 3000 MIAMIF I. 33131 City FL Zip Coce Streat Address (RO. Box Number is Not Acceptable) City FL Zip Coce Streat Address (RO. Box Number is Not Acceptable) City FL Zip Coce Streat Address (RO. Box Number is Not Acceptable) City FL Zip Coce Streat Address (RO. Box Number is Not Acceptable) City FL Zip Coce Streat Address (RO. Box Number is Not Acceptable) City FL Zip Coce Streat Address of New Registered Agent. In the Obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. Add of Florida. Flee Roughts Streat Address	City & State				City & State				4. FEI Number 65-0569125			
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12. Thereby 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	CITY-ST-ZIP		/ \			CITY	-ST-ZIP					ļ
	12 hereby c	ertify that the	information supplied with	this filing	does not qualify for	the exe	motion stated in	Section	119 07(3)(i). Florida Statutes I for	ther certi	fv that the ir	nformation

of the corporation or the receiver or trusted changed, or on an attachment with an address

SIGNATURE:

une required