

2000-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 98 0000 30234

1. Entity Name
COCONUT CREEK IMAGING CENTER, INC.

Principal Place of Business
1487 LYONS RD
COCONUT CREEK, FL
33063

Mailing Address
985 S.E. 22ND AVE
POMPANO BEACH, FL
33062

FILED
Jul 05, 2000 8:00 am
Secretary of State

03-14-2000 90020 003 ***150.00

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|--|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 65-0828596 | | Applied For <input type="checkbox"/> Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| City & State | | City & State | | | | | |
| Zip | Country | Zip | Country | | | | |

DO NOT WRITE IN THIS SPACE

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent JACQUELINE M. ZIEGLER - ATTORNEY PO BOX 770487 CORAL SPRINGS, FL 33077-0487 | | 7. Name and Address of New Registered Agent Name: JACQUELINE M. ZIEGLER Street Address (P.O. Box Number is Not Acceptable): 8362 NW 23RD MANOR City: CORAL SPRINGS FL Zip Code: 33065 | |
|--|--|--|--|

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.

SIGNATURE: *Sandra Molozzi* (NOTE: Registered Agent signature required when reinstating) DATE: *4/28/00*

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|---|-----------------------------|---|
| 9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|---|-----------------------------|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---------------------------------|---|---|
| TITLE: PRES DIRECTOR NAME: SANDRA MOLLOZZI STREET ADDRESS: 985 S.E. 22ND AVE CITY-ST-ZIP: POMPANO BEACH, FL 33062 | <input type="checkbox"/> Delete | TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Delete | TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 617, 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: *Sandra Molozzi* 4/28/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)