## AMENDED UNIFORM BUŠINESS REPORT (URB)

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DOCUMENT # P98000037464  1. Entity Name				PILLED AVISION OF CORPORATIONS	
UNIVERSITY MRI OF BOCA RA			ON, INC.		OF GURPORATIONS
					01 NOV -7 PM 1:49
Principal Place of Bus 3848 FAU BIN		Mailing Address 3848 FAU Blvd.			7 11 11 49
Suite 200	vu.	Suite 200			
Boca Raton,	FL 33431	Boca Raton, FL 33431			
2. Principal Place of Business		3. Mailing Address			<del>-</del> -
3848 FAU Blvd. Suite, Apt. #, etc.		3848 FAU Blvd. Suite, Apt. #, etc.			DO NOT MORE IN THIS ORACE
					DO NOT WRITE IN THIS SPACE
Suite 200 City & State		Suite 200 City & State			4. FEI Number Applied For
Boca Raton, FL Zip 33/31 Country 11SA		Boca Raton, FL		110.4	03-0800444
Zip 33431 Country USA		33431		USA	5. Certificate of Status Desired Security Securi
F: 11 0	nt Registered Agent		Name	7. Name and Address of Current Registered Agent	
Fields, Constance					Gerson, Gary N.
1		ļ-			
Boca Raton, FL 33496				<del></del>	Vost Palm Beach Lakes Blvd.
		al			Vest Faint Beach   FL   33401
8. The above named entity of mits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  November 6, 2001					
SIGNATURE // // //					
	ure, typed or printed name of rigistered agent and title			nt signature required who	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  After MAY 1, 2000 Fee will be \$550.00  10. Election Campaign Financing					
(See criteria on back) Make Check Payable to Department of State					
11.	OFFICERS AN		12.		ITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE P	Fields Occasions	Delete	TITLE NAME	D/P	Change Addition
STREET ADDRESS Fields, Constance 2581 NW 59 <sup>th</sup> Stree				DDRESS 2	Steinberg, Fred 2581 NW 59 <sup>th</sup> Street
CITY-ST-ZIP	Boca Raton, FL 3		CITY-ST-Z		Boca Raton, FL 33431
TITLE	Book Haton, 1 E o	Delete	TITLE		Change Addition
NAME			NAME		
STREET ADDRESS			STREET A		
CITY-ST-ZIP	CITY-ST-		ZIP	☐ Change ☐ Addition	
NAME	NAME			Change Addition	
STREET ADDRESS			STREET ADDRESS		<b>4000046995540</b> -11/30/0101014015
CITY-ST-ZIP			CITY-ST-Z	IP .	-11/30/0101014015
TITLE		Delete	TITLE		************************************
NAME			NAME	DDBESS	
STREET ADDRESS CITY-ST-ZIP			STREET A		
TITLE		Delete	TITLE		☐ Change ☐ Addition
NAME .			NAME		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
STREET ADDRESS			STREET A	DDRESS	Maripa
CITY-ST-ZIP			CITY-ST-Z	JP	
TITLE		Delete	TITLE		Change Addition
NAME STREET ADDRESS			NAME STREET A	DDRESS	
CITY-ST-ZIP			CITY-ST-Z		
13. I hereby ce			alify for the	exemption sta	tated 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 principle, empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed,					
or on an attachment with an/address 1					
SIGNATURE Fred Steinberg, President November 6, 2001 561-362-9191					
}		YPED NAME OF SIGNING OFF	CER OR DIR	ECTOR	Date Daytime Phone #