

FILED
Jul 11, 2002 8:00 am
Secretary of State

05-27-2002 90408 045 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000013423

1. Entity Name
WESTCHESTER DIAGNOSTIC RADIOLOGY L.L.C.

Principal Place of Business
2500 S.W. 75TH AVE
RADIOLOGY DEPARTMENT
MIAMI FL 33155

Mailing Address
P.O. BOX 557249
MIAMI FL 33255-7249

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65119703

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ, ELIZABETH L
4320 GRANADA BLVD
CORAL GABLES FL 33146

1643 BRICKELL AVE
MIAMI, FLORIDA 1001
new address

Same Agent

Name ELIZABETH L Perez

Street Address (P.O. Box Number is Not Acceptable)
1643 BRICKELL AVE Apt 1001

MIAMI FL Zip Code 33129

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 *Elizabeth L Perez*

ELIZABETH L Perez

5/01/02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME Delete
MANUEL Perez M.O.
STREET ADDRESS 1643 Brickell Ave Apt 1001
CITY-ST-ZIP Miami Florida 33129

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
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TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE *Manuel Perez*

05/01/02 305-984-6344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)