


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2004 8:00 am
Secretary of State

01-28-2004 90020 011 ****50.00

DOCUMENT # L03000000938

1. Entity Name
SEREIN LLC



Principal Place of Business
**600 PALMETTO ST
 NEW SMYRNA BEACH, FL 32168**

Mailing Address
**600 PALMETTO ST
 NEW SMYRNA BEACH, FL 32168**

24004040



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
350 N. Causeway
 Suite, Apt. #, etc.

01222004 Chg-LLC CR2E083 (10/03)

City & State
New Smyrna Beach, FL

City & State
New Smyrna Beach, FL

Zip
32169

Country

4. FEI Number
13-4208783

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	
NEW SMYRNA RADIOLOGY ASSOCIATES, P.A. 350 N CAUSEWAY NEW SMYRNA BEACH, FL 32169		Name Street Address (P.O. Box Number is Not Acceptable) City	
		City FL Zip Code	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		P MAREHAND, TANIA 401 PALMETTO ST. New Smyrna Beach, FL 32168	
		VP LEVY Robert 401 Palmetto St New Smyrna Beach, FL 32168	
		SEC LAMARCA, ANTHONY 401 PALMETTO ST NEW SMYRNA BEACH, FL 32168	
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ **1/26/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #