


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000000938**

1. Entity Name  
**SEREIN LLC**



Principal Place of Business <b>600 PALMETTO ST          NEW SMYRNA BEACH, FL 32168</b>	Mailing Address <b>350 N. CAUSEWAY          NEW SMYRNA BEACH, FL 32169</b>
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**DO NOT WRITE IN THIS SPACE**



01112005No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>13-4208783</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**NEW SMYRNA RADIOLOGY ASSOCIATES, P.A.  
 350 N CAUSEWAY  
 NEW SMYRNA BEACH, FL 32169**

**DO NOT WRITE IN THIS SPACE**

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, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARCHAND, TANIA 401 PALMETTO ST. NEW SMYRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEVY, ROBERT 401 PALMETTO ST. NEW SMYRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAMARCA, ANTHONY 401 PALMETTO ST. NEW SMYRNA BEACH, FL 32168
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 01/20/05-80025-010 50.00

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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:**  **Date:** 1/12/05 **Daytime Phone #:** 386-428-9957

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