2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2004
Secretary of State

DOCUMENT# L98000001363

Entity Name: WEST BROWARD X-RAY CENTER, LLC

Current Principal Place of Business:

7050 NORTHWEST 4TH STREET, SUITE 202
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

PO BOX 16477
PLANTATION, FL 333186477

New Mailing Address:

FEI Number: 65-0843691 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIVERA, ROBERTO
7050 NW 4 STREET #202
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: RIVERA, ROBERTO
Address: 7050 NW 4 ST, #202
City-St-Zip: PLANTATION, FL 33317

Title: MGRM ( ) Delete
Name: RIVERA, MALLIE
Address: 505 NORTHWEST 102ND WAY
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ROBERTO RIVERA DR 03/08/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date