2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2005 8:00 am
Secretary of State
03-09-2005 90008 034 ****55.00

DOCUMENT # L98000001363

1. Entity Name
WEST BROWARD X-RAY CENTER, LLC

Principal Place of Business	Mailing Address
% 505 NORTHWEST 102ND WAY PLANTATION, FL 33324	PO BOX 16477 PLANTATION, FL 33318-6477

02152005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
7050 NW 4 Street	20343 NW 56 Court
Suite, Apt. #, etc. Suite 202	Suite, Apt. #, etc.
City & State Plantation, Florida	City & State Miami, Florida
Zip: 33324 Country: USA	Zip: 33055 Country: USA

4. FEI Number: 65-0843691 ☐ 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
	Name: IRIS D. MARIN Street Address (P.O. Box Number is Not Acceptable): 20343 NW 56 Court City: Miami FL Zip Code: 33055

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: IRIS D. MARIN
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM RIVERA, MALLIE 505 NORTHWEST 102ND WAY PLANTATION, FL 33324	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM IRIS D. MARIN 20343 NW 56 Court Miami, Florida 33055	☐ Change ☒ Addition
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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: IRIS D. MARIN (305) 610-1641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #