


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000000414 1. Entity Name DUVAL IMAGING, LLC	
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Principal Place of Business 1561 CASSAT AVENUE JACKSONVILLE, FL 32210	Mailing Address 6271 ST. AUGUSTINE ROAD, #218 JACKSONVILLE, FL 32217
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DO NOT WRITE IN THIS SPACE



06302005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3617389	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VALDEZ, TINA
6271 ST. AUGUSTINE ROAD, #218
JACKSONVILLE, FL 32217

**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: Tina Valdez **6-30-5**
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 September 7, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCARLETT, JEWEL M.D. 6271 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VALDEZ, TINA 1561 CASSAT AVENUE JACKSONVILLE, FL 32210
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07/05/05-80032-015 55.00

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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: Tina Valdez **6-30-5** **904-981-9919**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #