

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 A
Secretary of State

DOCUMENT # L00000003088

1. Entity Name
BIDON MEDICAL IMAGING, LLC



Principal Place of Business
**105 SOUTH NARCISSUS AVE., SUITE 408
WEST PALM BEACH, FL 33401**

Mailing Address
**105 SOUTH NARCISSUS AVE., SUITE 408
WEST PALM BEACH, FL 33401**



01062006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0993756

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HARVEY, DON S
105 SOUTH NARCISSUS AVE., SUITE 408
WEST PALM BEACH, FL 33401**

**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 _____

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

U000000404165
02/06/06-80036-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME SANGER, WILLIAM A
STREET ADDRESS 105 SOUTH NARCISSUS AVE., SUITE 408
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE MGR
NAME HARVEY, DON S
STREET ADDRESS 105 SOUTH NARCISSUS AVE., SUITE 408
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

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

1/10/06 (561) 655-8800
Date Daytime Phone #