

2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L01000014622 1. Entity Name SIGNET DIAGNOSTIC IMAGING SERVICES, LLC	
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FILED

2004 OCT 13 P 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 1515 N FEDERAL HWY SUITE 405 BOCA RATON, FL 33432	Mailing Address 1515 N FEDERAL HWY SUITE 405 BOCA RATON, FL 33432
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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10122004 Chg-LLC CR2E083 (10/03)

City & State Zip	City & State Zip	4. FEI Number 22-3826279	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent DELEVIE, MARK N 1515 NORTH FEDERAL HWY SUITE 405 BOCA RATON, FL 33432	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$50.00		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM NAME KEYNEJAD, JAMSHID STREET ADDRESS 1515 N FEDERAL HWY STE 405 CITY-ST-ZIP BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete	TITLE MGRM NAME SIGNET DIAGNOSTIC IMAGING SERVICES STREET ADDRESS GROUP, LLC CITY-ST-ZIP 1515 N. FEDERAL HWY., STE. 405 BOCA RATON, FL 33432	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE MGRM NAME DOSHI, NITIN STREET ADDRESS 1515 N FEDERAL HWY STE 405 CITY-ST-ZIP BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jamshid Keynejad* 10/12/04 (561) 362-6370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #