

# 2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L01000014622

1. Entity Name  
SIGNET DIAGNOSTIC IMAGING SERVICES, LLC



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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10122004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number  
22-3826279

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

DELEVIE, MARK N  
1515 NORTH FEDERAL HWY  
SUITE 405  
BOCA RATON, FL 33432

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstalling)

DATE

Amended AR is \$50.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Delete  
NAME KEYNEJAD, JAMSHID  
STREET ADDRESS 1515 N FEDERAL HWY STE 405  
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE MGRM ☐ Change ☒ Addition  
NAME SIGNET DIAGNOSTIC IMAGING SERVICES  
STREET ADDRESS GROUP, LLC  
CITY-ST-ZIP 1515 N. FEDERAL HWY., STE. 405  
BOCA RATON, FL 33432 ☐ Change ☐ Addition

TITLE MGRM ☒ Delete  
NAME DOSHI, NITIN  
STREET ADDRESS 1515 N FEDERAL HWY STE 405  
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

10/12/04 (561) 362-6370