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APR. 9.2003 9:52AM 12/18/02 NO.186 P.P.1/2

L01000016078

2002 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT (UBR)

DOCUMENT # L01000016078

1. Entity Name

DELRAY OPEN IMAGING CENTER, LLC

SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 23 PM 1:28

Principal Place of Business	Mailing Address
875 N. MILITARY TRAIL SUITE 101 JUPITER FL 33458	875 N. MILITARY TRAIL SUITE 101 JUPITER FL 33458

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SINGER, MICHAEL S ESQ
3801 PGA BLVD.
SUITE 802
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name Robin Miller

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

2290 10th AVE North

City Lake Worth FL Zip Code 33461

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] Controller

Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restated) DATE

3000090861331
12/19/02--01083--009 **100.00

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member/MGRM Richard Sarner 1163 Commodore Drive Jupiter Fla 33477	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4000090862041 11/19/02 01083 010 **100.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member/MGRM Michael Herman 343 Main Blvd Jupiter FL 33458	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3000090861331 12/23/02--01043--022 **100.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FF $150 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NO STATEMENT 2003 Due 12/31 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] Controller 11-02 561.493.2242

SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/02)