

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90003 006 \*\*\*\*50.00

**DOCUMENT # L02000008946**

1. Entity Name  
**ZEPHYRHILLS IMAGING, L.L.C.**



Principal Place of Business  
**38035 MEDICAL CENTER DR.  
ZEPHYRHILLS, FL 33541**

Mailing Address  
**122 LINSLEY AVE., SUITE A  
BRANDON, FL 33511**

**24067719**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052004

Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**81-0546352**

Applied For  
Not Applicable

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

**WYLIE, WARREN W II  
122 LINSLEY AVE, SUITE A  
BRANDON, FL 33511**

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 reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **V** ☐ Delete  
NAME **WYLIE, WARREN W II**  
STREET ADDRESS **122 LINSLEY AVENUE, STE A**  
CITY-ST-ZIP **BRANDON, FL 33511**

TITLE **T** ☒ Delete  
NAME **NANNO, M. DOUGLAS**  
STREET ADDRESS **122 LINSLEY AVENUE, STE A**  
CITY-ST-ZIP **BRANDON, FL 33511**

TITLE **P** ☐ Delete  
NAME **WELCH, DONALD**  
STREET ADDRESS **7050 GALL BLVD.**  
CITY-ST-ZIP **ZEPHYRHILLS, FL 33541**

TITLE **S** ☐ Delete  
NAME **RUECHTI, ROBERT**  
STREET ADDRESS **7050 GALL BLVD.**  
CITY-ST-ZIP **ZEPHYRHILLS, FL 33541**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE **MGR** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGR** ☒ Change ☐ Addition  
NAME **Ruechti, Robert**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGR** ☐ Change ☒ Addition  
NAME **Bekhor, David**  
STREET ADDRESS **122 Linsley Ave. Ste A**  
CITY-ST-ZIP **Brandon, FL 33511**

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)(f), 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:** **Warren W. Wylie, II** **4/6/04** **(813) 657-4914**

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

Date

Daytime Phone #