

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010602

FILED
Jul 05, 2005
Secretary of State

Entity Name: PRIME CARE IMAGING ASSOCIATES OF FLORIDA, L.L.C.

Current Principal Place of Business:

560 SOUTH BROADWAY, SUITE 201
C/O PRIMECARE OF NEW YORK, INC.
HICKSVILLE, NY 11801

New Principal Place of Business:

Current Mailing Address:

560 SOUTH BROADWAY, SUITE 201
C/O PRIMECARE OF NEW YORK, INC.
HICKSVILLE, NY 11801

New Mailing Address:

FEI Number: 46-0478998 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

KRASNA, GARY ESQ
3010 NORTH MILITARY TRAIL
SUITE 210
BOCA RATON, FL 33431 US

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.

SIGNATURE: GARY KRASNA

07/05/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DOSHI, NITIN
Address: 560 S. BROADWAY
City-St-Zip: HICKSVILLE, NY 11801

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: NITIN DOSHI

MGRM

07/05/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date