

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010602

**FILED**  
**Jan 05, 2007**  
**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 NEW PRIMECARE LLC  
HICKSVILLE, NY 11801

**New Principal Place of Business:**

560 SOUTH BROADWAY  
C/O NEW PRIMECARE LLC  
HICKSVILLE, NY 11801

**Current Mailing Address:**

560 SOUTH BROADWAY, SUITE 201  
C/O NEW PRIMECARE LLC  
HICKSVILLE, NY 11801

**New Mailing Address:**

560 SOUTH BROADWAY  
C/O NEW PRIMECARE LLC  
HICKSVILLE, NY 11801

**FEI Number:** 46-0478998

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

GELFAND, MARK E ESQ  
8300 WEST SUNRISE BOULEVARD  
PLANTATION, FL 33322 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: MARK E GELFAND, ESQ.

01/05/2007

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 Chapter 119, 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

01/05/2007

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