

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000016697

FILED  
Jan 27, 2004  
Secretary of State

**Entity Name:** ADVANCED MEDICAL IMAGING OF FT. LAUDERDALE, LLC

**Current Principal Place of Business:**

2319 CASTILLA ISLE  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

540 NE 8TH STREET  
1A  
FORT LAUDERDALE, FL 33304

**Current Mailing Address:**

2319 CASTILLA ISLE  
FORT LAUDERDALE, FL 33301

**New Mailing Address:**

540 NE 8TH STREET  
1A  
FORT LAUDERDALE, FL 33304

**FEI Number:** 54-2062736

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DALE, CHARLES S  
414 NE 4 STREET  
FORT LAUDERDALE, FL 333011152 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: BROWN, ROBERT R  
Address: 2319 CASHIK ISLE  
City-St-Zip: FORT LAUDERDALE, FL 33301

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BROWN, ROBERT R  
Address: 2319 CASTILLA ISLE  
City-St-Zip: FORT LAUDERDALE, FL 33301

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: ROBERT R. BROWN

MGRM

01/27/2004

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