

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000017636

**FILED**  
**Apr 13, 2005**  
**Secretary of State**

**Entity Name:** OSTEOPOROSIS IMAGING CENTERS, L.L.C.

**Current Principal Place of Business:**

4420 WEST OAKLAND PARK BOULEVARD  
LAUDERDALE LAKES, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 42729  
WASHINGTON, DC 20015

**New Mailing Address:**

**FEI Number:** 59-2127418

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** ( )

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

LEEDS, ROBERT  
6200 SW 5 STREET  
PLANTATION, FL 33317 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: LEEDS, ROBERT  
Address: 6200 SW 5 STREET  
City-St-Zip: PLANTATION, FL 33317

**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: ROBERT LEEDS

MGRM

04/13/2005

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