

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 13, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000028571

1. Entity Name
MIAMI BEACH OPEN IMAGING, LLC



Principal Place of Business
875 NORTH MILITARY TRAIL
SUITE 101
JUPITER, FL 33458 US

Mailing Address
2290 10TH AVENUE NORTH
LAKE WORTH, FL 33461 US



07272005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SINGER, MICHAEL S ESQ
3801 PGA BOULEVARD
SUITE 802
PALM BEACH GARDENS, FL 33410

**DO NOT WRITE
IN THIS SPACE**

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 September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MEDICAL DIAGNOSTIC IMAGING
2290 10TH AVE. NORTH #101
LAKE WORTH, FL 33461

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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CITY - ST - ZIP

U00000378258
09/13/05-80002-011 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

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

Date

Daytime Phone #

9/9/05 561-940-7700