

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000028581

**FILED**  
**Apr 01, 2005**  
**Secretary of State**

**Entity Name:** GARDENS OPEN IMAGING, LLC

**Current Principal Place of Business:**

875 NORTH MILITARY TRAIL  
SUITE 101  
JUPITER, FL 33458 US

**New Principal Place of Business:**

**Current Mailing Address:**

3801 PGA BOULEVARD  
SUITE 604  
PALM BEACH GARDENS, FL 33410 US

**New Mailing Address:**

**FEI Number:** 20-1540745      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SINGER, MICHAEL S ESQ.  
3801 PGA BLVD.  
SUITE 604  
PALM BEACH GARDENS, FL 33410 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:** MEDICAL DIAGNOSTIC I, MAGING OF JUPI T ER, INC  
**Address:** 2290 10TH AVE. NORTH #101  
**City-St-Zip:** LAKE WORTH, FL 33461

**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: MICHAEL HOFFMAN

P/D

04/01/2005

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