

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033035

FILED
Feb 18, 2005
Secretary of State

Entity Name: SOUTH FLORIDA IMAGING ASSOCIATES I, LLC

Current Principal Place of Business:

C/O DENNIS WISEMAN, 8900 N. KENDALL DR.
MIAMI, FL 33176 US

New Principal Place of Business:

Current Mailing Address:

C/O DENNIS WISEMAN, 8900 N. KENDALL DR.
MIAMI, FL 33176 US

New Mailing Address:

FEI Number: 83-0344591

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERICAN INFORMATION SERVICES, INC.
ONE SOUTHEAST THIRD AVE., 27TH FLOOR
MIAMI, FL 33131 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: GORDON, ROBERT
Address: 8900 N. KENDALL DRIVE
City-St-Zip: MIAMI, FL 33176 US

Title: MGR () Delete
Name: WISEMAN, DENNIS
Address: 8900 N. KENDALL DRIVE
City-St-Zip: MIAMI, FL 33176 US

Title: MGRM () Delete
Name: MESSINGER, NEIL MD
Address: 8900 N. KENDALL DRIVE
City-St-Zip: MIAMI, FL 33176 US

Title: MGRM () Delete
Name: BENENATI, JAMES MD
Address: 8900 N. KENDALL DRIVE
City-St-Zip: MIAMI, FL 33176 US

Title: MGRM () Delete
Name: BAUER, BRUCE MD
Address: 8900 N. KENDALL DRIVE
City-St-Zip: MIAMI, FL 33176 US

Title: MGRM () Delete
Name: KATZEN, BARRY MD
Address: 8900 N. KENDALL DRIVE
City-St-Zip: MIAMI, FL 33176 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ZIFFER, JACK
Address: 8900 N. KENDALL DRIVE
City-St-Zip: MIAMI, FL 33176 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: BRAUN, IRA MD
Address: 8900 N. KENDALL DRIVE
City-St-Zip: MIAMI, FL 33176 US

Title: MGRM (X) Change () Addition
Name: POWELL, ALEX MD
Address: 8900 N. KENDALL DRIVE
City-St-Zip: MIAMI, FL 33176 US

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: NEIL MESSINGER

MGRM

02/18/2005

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