2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2007
Secretary of State

DOCUMENT# L02000033035

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/MANAGERS:

Title:	MGRM	( ) Delete
Name:	ZIFFER, JACK	
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:	BRAUN, IRA MD	
Address:	8900 N. KENDALL DRIVE	
City-St-Zip:	MIAMI, FL 33176 US	
Title:	MGRM	( ) Delete
Name:	POWELL, ALEX 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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 Chapter 119, 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: JACK ZIFFER DR 01/11/2007

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