## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000000938



FILED
Jan 28, 2004 8:00 am
Secretary of State
01-28-2004 90020 011 \*\*\*\*50.00

1. Entity Nam SEREIN I												
Principal Place of Business			Mailing Address									
600 PALMETTO ST			600 PALMETTO ST				24004040					
NEW SMYRNA BEACH, FL 32168			NEW SMYRNA BEACH, FL 32168				24004040					
<u> </u>			T									
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			350 N. Causeway Suite, Apt. #, etc.									
guile, Apt. #, etc.			Saite, Apt. #, etc.				01222004	Cho	g-LLC	CR2E	083 (10/03)	)
City & State			City & State				'4:"FEI Num	her -	÷- +		. ΙΔ	pplied For
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Zip		Country	Zip	Count				, _		<del>070-</del>	\$5.00 Ad	
		•	3211.9		•		5. Certificat	te of Statu	us Desired	r* 📙	Fee Require	
	6. Name	and Address of Curren				<del></del> -	7. Name an	d Addre	ss of New	Registered	Agent	
					Name							
NEW SMY	'RNA RAD	IOLOGY ASSOCIA	TES, P.A.		Street Address (P.O. Box Number is Not Accept							
350 N CAU		OLI EL 00400		Street A			.O. Box Num	ber is No	t Acceptab	ie)		
NEW SINIY	KNA BEA	CH, FL 32169		- 1								
					City					FL	Zip Co	de
8. The above	named entity	y submits this statement f	or the purpose of changing its r	eaistere	d office o	r reaistere	ed agent, or b	oth, in the	State of F	lorida. I am	familiar with	and accept
the obligat			,	- <b></b> -		<b>9</b>	<b>3</b> ,	,				
CICNATURE			_		1							1 131 2
SIGNATURE,	Signature, typed	or printed name of registered agen	t and title if applicable (NOTE:	Registered	Agent signa	ure required	when reinstating)			DATE		
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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, manager, or authorized representative