## **2007 LIMITED LIABILITY COMPANY**

## Feb 05, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L03000000989 02-05-2007 90199 032 \*\*\*\*50.00 **NEW SMYRNA IMAGING LLC** 60013143 Mailing Address Principal Place of Business 2224 NW 50TH, STE 276-W 405 3RD STREET NEW SMYRNA BEACH, FL 32169 OKLAHOMA CITY, OK 73112 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01242007 CR2E083 (12/06) Chg-LLC 4. FEI Number Applied For City & State City & State 03-0509169 Not Applicable Zip Country \$5.00 Additional Zip Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KASTROULIS, GEORGE Street Address (P.O. Box Number is Not Acceptable) 45 FLORIDA PK DR PALM COAST, FL 32137 Zip Code City 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) Make check payable to Filing Fee is \$50.00 Florida Department of State Due by May 1, 2007 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10, MGRM TITLE Addition TITLE Delete ☐ Change DBS INC. MAME NAME 5051 SE GREAT POCKET TRAIL STREET ADDRESS STREET ADDRESS STUART, FL 34997 CITY-ST-ZIP CLTY-ST-ZIP MGRM TITLE Delete ☐ Change ☐ Addition RADIOLOGY PARTNERS LLC NAME NAMÉ 2862 SE MONROE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STUART, FL 34997 CITY-ST-ZIP MGR **X**Delete REE KASTRONIES FLORIDA PKOR Change 71 Addition TITLE THILE GEORGE, BILL NAME NAME STREET ADDRESS 26 SOUTH SEA ISLAND DRIVE STREET ADDRESS 32137 ORMOND BEACH, FL 32176 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Defete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition TITLE TITLE NAME NAME

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

772 260 7085 Daytime Phone #

FILED