

2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT



DOCUMENT # L03000009214

1. Entity Name
SIGNET DIAGNOSTIC IMAGING SERVICES (NORTH FLORIDA), LLC

FILED

2004 OCT 13 P 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10122004 Chg-LLC CR2E083 (10/03)

Principal Place of Business 1515 N. FEDERAL HIGHWAY, SUITE 405 BOCA RATON, FL 33432		Mailing Address 1515 N. FEDERAL HIGHWAY, SUITE 405 BOCA RATON, FL 33432	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 04-3747138	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent DELEVIE, MARK N 1515 NORTH FEDERAL HWY. SUITE 405 BOCA RATON, FL 33432	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$50.00		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEYNEJAD, JAMSHID 1515 N. FEDERAL HWY., STE 405 BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIGNET DIAGNOSTIC IMAGING SERVICES GROUP, LLC 1515 N. FEDERAL HWY., STE 405 BOCARRATON, FL 33432	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: *Jamshid Keynejad* 10/12/04 (561) 362-6370

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #