

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000013829

FILED
Apr 26, 2004
Secretary of State

Entity Name: SIGNET DIAGNOSTIC IMAGING SERVICES GROUP, LLC

Current Principal Place of Business:

1515 N. FEDERAL HWY., STE. 405
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

1515 N. FEDERAL HWY., STE. 405
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 33-1054149

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HRAWG CORP.
1801 N. MILITARY TRAIL, STE. 200
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

DELEVIE, MARK N
1515 NORTH FEDERAL HWY
SUITE 405
BOCA RATON, FL 33432 US

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: MARK N. DELEVIE

04/26/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: KEYNEJAD, JAMSHID
Address: 1515 N. FEDERAL HWY., STE 405
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM () Change (X) Addition
Name: DOSHI, NITIN
Address: 1515 N. FEDERAL HWY., STE 405
City-St-Zip: BOCA RATON, FL 33432

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: JAMSHID KEYNEJAD

MGRM

04/26/2004

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