


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90150 048 ****50.00

DOCUMENT # L03000020857					
1. Entity Name SHARPER IMAGING DIAGNOSTIC RADIOLOGY CENTER, LLC					
Principal Place of Business 2500 HARBOR BLVD. PORT CHARLOTTE, FL 33949-3548			Mailing Address 2500 HARBOR BLVD. PORT CHARLOTTE, FL 33949-3548		
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 56-2369877	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOLMES, DAVID A ESQ FARR, FARR, EMERICH, ET AL 99 NESBIT ST. PUNTA GORDA, FL 33950-3636			Name <u>DAVID A. COURSON</u> Street Address (P.O. Box Number is Not Acceptable) <u>3430 TAMMIE TRAIL</u> <u>Suite B</u> City <u>PT CHARLOTTE</u> <u>FL</u> Zip Code <u>33952</u>		
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 <u>[Signature]</u> Signature, typed or printed name of registered agent and title if applicable.			<u>DAVID A. COURSON</u> (NOTE: Registered Agent signature required when reinstating)		
DATE <u>4-29-04</u> DATE			DATE		
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DPST</u> <u>WHITE, James</u> <u>3430 TAMMIE TRAIL Suite B</u> <u>PT CHARLOTTE FL 33952</u>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			<u>DAVID A COURSON</u> Date <u>4-29-04</u> Daytime Phone # <u>941-255-8626</u>		

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