

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90104 044 ****50.00

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1. Entity Name
**SHARPER IMAGING DIAGNOSTIC RADIOLOGY CENTER,
LLC**



Principal Place of Business

~~2500 HARBOR BLVD.~~
~~PORT CHARLOTTE, FL 33949-3548~~

3430 Tamiami Trail Suite B
PT CHARLOTTE FL 33952

Mailing Address

~~2500 HARBOR BLVD.~~
~~PORT CHARLOTTE, FL 33949-3548~~

3430 Tamiami Trail Suite B
PT CHARLOTTE FL
33952



01132005 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
56-2369877

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

COURSON, DAVID A
3430 TAMIA MI TRAIL
SUITE B
PORT CHARLOTTE, FL 33952

**DO NOT WRITE
IN THIS SPACE**

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)

DATE _____

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
WHITE, JAMES
3430 TAMIA MI TRAIL SUITE B
PT. CHARLOTTE, FL 32952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

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IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

2-21-05