

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000023085

FILED  
Jan 09, 2006  
Secretary of State

**Entity Name:** WEST COAST IMAGING PARTNERS, L.L.C.

**Current Principal Place of Business:**

4111 HIGHLAND PARK CIRCLE  
LUTZ, FL 335585314

**New Principal Place of Business:**

10010 NORTH DALE MABRY HWY  
150  
TAMPA, FL 33618

**Current Mailing Address:**

4111 HIGHLAND PARK CIRCLE  
LUTZ, FL 335585314

**New Mailing Address:**

10010 NORTH DALE MABRY HWY  
150  
TAMPA, FL 33618

**FEI Number:** 20-0058145

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GASSMAN, ALAN  
1245 COURT STREET, SUITE 102  
CLEARWATER, FL 33756 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: COUSIN, ALAN J  
Address: 4111 HIGHLAND PARK CIRCLE  
City-St-Zip: LUTZ, FL 33558 US

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

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

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: COUSIN, ALAN J DR  
Address: 4111 HIGHLAND PARK CIRCLE  
City-St-Zip: LUTZ, FL 33558 US

Title: MGR ( ) Change (X) Addition  
Name: COTTON, ERIC K DR  
Address: 1106 ABBEYS WAY  
City-St-Zip: TAMPA, FL 33602

Title: MGR ( ) Change (X) Addition  
Name: BLANKENSHIP, HOWARD K DR  
Address: 4102 CAUSEWAY VISTA DR  
City-St-Zip: TAMPA, FL 33615

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ALAN J COUSIN, MD

MGR

01/09/2006

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