

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000028504

Entity Name: RCOA FLORIDA I, LLC

FILED
Apr 22, 2005
Secretary of State

Current Principal Place of Business:

7900 GLADES RD., STE. 400
BOCA RATON, FL 33434

New Principal Place of Business:

Current Mailing Address:

7900 GLADES RD., STE. 400
BOCA RATON, FL 33434

New Mailing Address:

FEI Number: 13-4265538

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEDNICK, DAVID
7900 GLADES RD., STE. 400
BOCA RATON, FL 33434 US

Name and Address of New Registered Agent:

LAURENCE, JODI B
7900 GLADES RD., STE. 400
BOCA RATON, FL 33434 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: JODI B. LAURENCE

04/22/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: P () Delete
Name: MCGEE, ALLEN D
Address: 7900 GLADES RD. STE 400
City-St-Zip: BOCA RATON, FL 33434

Title: S (X) Delete
Name: NEDER, DONALD C
Address: 7900 GLADES RD. STE 400
City-St-Zip: BOCA RATON, FL 33434

Title: T (X) Delete
Name: MEDNICK, DAVID
Address: 7900 GLADES RD. STE 400
City-St-Zip: BOCA RATON, FL 33434

Title: VP (X) Delete
Name: FAIEN, MICHAEL MD
Address: 7426 FLORA NADA WAY
City-St-Zip: DELRAY BEACH, FL 33446

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RCOA IMAGING SERVICE, S, INC.
Address: 7900 GLADES RD. STE 400
City-St-Zip: BOCA RATON, FL 33434

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ALLEN D. MCGEE

PD

04/22/2005

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