

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029188

**FILED**  
**Apr 10, 2006**  
**Secretary of State**

**Entity Name:** PBC MEDICAL IMAGING, LLC

**Current Principal Place of Business:**

180 ROYAL PALM WAY  
203  
PALM BEACH, FL 33480

**New Principal Place of Business:**

**Current Mailing Address:**

180 ROYAL PALM WAY  
203  
PALM BEACH, FL 33480

**New Mailing Address:**

**FEI Number:** 20-2001522      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

WARD, NATHAN  
180 ROYAL PALM WAY  
203  
PALM BEACH, FL 33480 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: WARD, NATHAN S  
Address: 180 ROYAL PALM WAY, SUITE 23  
City-St-Zip: PALM BEACH, FL 33480

**ADDITIONS/CHANGES:**

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 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: NATHAN WARD      MGR      04/10/2006

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