

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029888

FILED
Apr 30, 2004
Secretary of State

Entity Name: FAMILY IMAGING CENTERS OF FLORIDA, LLC

Current Principal Place of Business:

9050 PINES BLVD, STE 200
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

9050 PINES BLVD, STE 200
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 41-2114588

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERICAN INFORMATION SERVICES, INC.
ONE S.E. THIRD AVE, 28TH FLOOR
MIAMI, FL 33131 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/MEMBERS:

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

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: STRUB, DAN
Address: 9050 PINES BLVD #200
City-St-Zip: PEMBROKE PINES, FL 33324

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: DAN STRUB

MGR

04/30/2004

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