

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000029888

1. Entity Name
FAMILY IMAGING CENTERS OF FLORIDA, LLC



Principal Place of Business
**9050 PINES BLVD, STE 200
PEMBROKE PINES, FL 33024**

Mailing Address
**9050 PINES BLVD, STE 200
PEMBROKE PINES, FL 33024**

DO NOT WRITE IN THIS SPACE



01162006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
41-2114588

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	STRUB, DAN
STREET ADDRESS	9050 PINES BLVD #200
CITY-ST-ZIP	PEMBROKE PINES, FL 33324
TITLE	MGR
NAME	SCHWIMMER, MARK MD
STREET ADDRESS	9050 PINES BOULEVARD SUITE 200
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000412160
02/10/06-80035-012 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

01/26/06 954 4274800
Date Daytime Phone #