

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

**DOCUMENT # L03000034572**

1. Entity Name

**FAMILY IMAGING CENTER OF BOYNTON BEACH, 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**



01162006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**41-2114590**

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. 3RD 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 reissuing)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
STRUB, DAN  
9050 PINES BLVD #200  
PEMBROKE PINES, FL 33024**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
RIVERO, HEDRICK MD  
9050 PINES BLVD STE 200  
PEMBROKE PINES, FL 33024**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
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CITY- ST- ZIP

U000000412163  
02/10/06-80035-013 50.00

**DO NOT WRITE  
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 4374P00

Date

Daytime Phone #