

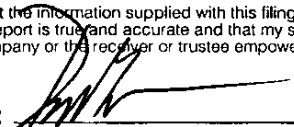


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90220 035 \*\*\*\*50.00

<b>DOCUMENT # L03000040342</b> 1. Entity Name ADVANCED IMAGING ASSOCIATES, LLC					
Principal Place of Business 11 SHELDRAKE LANE PALM BEACH GARDENS, FL 33418				Mailing Address 11 SHELDRAKE LANE PALM BEACH GARDENS, FL 33418	
2. Principal Place of Business <b>844 Harbour Isle Place</b> Suite, Apt. #, etc.		3. Mailing Address <b>844 Harbour Isle Place</b> Suite, Apt. #, etc.			
City & State <b>North Palm Beach, FL</b> Zip <b>33410</b> Country <b>USA</b>		City & State <b>North Palm Beach, FL</b> Zip <b>33410</b> Country <b>USA</b>		4. FEI Number 20-0330531	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BURKE, ROBERT D M.D. 11 SHELDRAKE LANE PALM BEACH GARDENS, FL 33418				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>844 Harbour Isle Place</b> City <b>North Palm Beach</b> FL Zip Code <b>33410</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to... Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BURKE, ROBERT D MGR 844HARBOURISLES PLACE NORTH PALM BEACH, FL 33410		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify 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 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: 			Date: <b>4/10/08</b>		Daytime Phone #: <b>561 6262787</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					