


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90385 011 \*\*\*\*50.00

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<b>DOCUMENT # L03000048275</b> 1. Entity Name PALM BEACH FLUOROSCOPY SERVICES, L.L.C.					
Principal Place of Business 14263 U.S. HIGHWAY ONE JUNO BEACH, FL 33408			Mailing Address 14263 U.S. HIGHWAY ONE JUNO BEACH, FL 33408		
2. Principal Place of Business 1471 CADES BAY AVE		3. Mailing Address 1471 CADES BAY AVE.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State JUPITER, FL.		City & State JUPITER, FL.		4. FEI Number 81-0638184	
Zip 33458		Country U.S.		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent  SCROGGINS, H. STACY 14263 US HWY ONE NORTH PALM BEACH, FL 33408			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: <u>H. Stacy Scroggin</u> H. Stacy Scroggin 3/14/05 <small>Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCROGGINS, H. STACY 14263 US HWY ONE NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCROGGINS, H. STACY 1471 CADES BAY AVE. JUPITER, FL 33458
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCROGGINS, DONNA 14263 US HWY ONE NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCROGGINS, DONNA 1471 CADES BAY AVE. JUPITER, FL 33458
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REEVES, DANIEL J. JR. 14263 US HWY ONE NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REEVES, DANIEL J. JR. 1471 CADES BAY AVE. JUPITER, FL 33458
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<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: <u>H. Stacy Scroggin</u> H. Stacy Scroggin 3/10/05 561-630-6272 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					