


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000048275	
1. Entity Name PALM BEACH FLUOROSCOPY SERVICES, L.L.C.	

Principal Place of Business 1471 CADES BAY AVENUE JUPITER, FL 33458 US	Mailing Address 1471 CADES BAY AVENUE JUPITER, FL 33458 US
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DO NOT WRITE IN THIS SPACE



01082007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 81-0638184	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, STACY H 1471 CADES BAY AVE JUPITER, FL 33458
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature typed or printed name of registered agent and title if applicable.

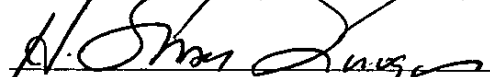
**Filing Fee is \$50.00
Due by May 1, 2007**

000000586802
01/17/07-80008-015 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCROGGINS, H. STACY 1471 CADES BAY AVENUE JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCROGGINS, DONNA 1471 CADES BAY AVENUE JUPITER, FL 33458
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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:  H. Stacy Scroggs - 1/17/07 561.630.6277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #