

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90278 042 ****55.00

DOCUMENT # L04000020383

1. Entity Name
FUSION IMAGING INSTITUTE, LLC



Principal Place of Business
**2665 EXECUTIVE PARK DRIVE
SUITE 3
WESTON, FL 33331**

Mailing Address
**2665 EXECUTIVE PARK DRIVE
SUITE 3
WESTON, FL 33331**

20007859



2. Principal Place of Business
6274 LINTON BLVD

3. Mailing Address
6274 LINTON BLVD

Suite, Apt. #, etc.
Suite 102

Suite, Apt. #, etc.
Suite 102

01072005 Chg-LLC CR2E083 (10/03)

City & State
Delray Beach FL

City & State
Delray Beach FL

4. FEI Number
043787408

Applied For
Not Applicable

Zip
33484

Country
USA

Zip
33484

Country
USA

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SILVERBERG & ASSOCIATES, PA
2665 EXECUTIVE PARK DRIVE
SUITE 3
WESTON, FL 33331**

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

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, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
IRWIN BERETSKY MD
7171 MARIANA COURT
BOCA RATON, FL 33433** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**561
865 1301**

1/31/05