

FILED
Jun 13, 2005 8:00 am
Secretary of State

DOCUMENT # L04000036309		
1. Entity Name ADVANCED IMAGING CONCEPTS, P.L.		
Principal Place of Business 5091 GOLF CLUB LANE SPRING HILL FL 34609		Mailing Address 5091 GOLF CLUB LANE SPRING HILL FL 34609
2. Principal Place of Business AIC Suite, Apt. #, etc. 13063 CORTEZ BLVD. City & State BROOKSVILLE, FL Zip 34613		3. Mailing Address ADVANCED IMAGING CONCEPTS Suite, Apt. #, etc. 13063 CORTEZ BLVD. City & State BROOKSVILLE FL. Zip 34613
Country HERNANDO		Country USA
6. Name and Address of Current Registered Agent		
VRASPIR, TODD W ESQ 5327 COMMERCIAL WAY, STE A101 SPRING HILL FL 34606		Name
		Street Address
		City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.		
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)		
		FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of Banking and Finance Due By May 1, 2005
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEMBER ARUNA MEDARA 5091 GOLF CLUB LANE BROOKSVILLE FL 34609 ☐ Delete	10. TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.01(2)(b), Florida Statutes, and that my signature shall have the same legal effect as if I am a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 689, Florida Statutes.		
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		

ATTACHMENT 30009220
L04000036309
ADVANCED IMAGING
CONCEPTS

Intelligent Imaging with Compassionate Care

Aruna Medara, MD

Naveen Bikkasani, MD

May 12, 2005

Florida Department of State
Division of Corporations
Annual Report Section
P.O. Box 6850
Tallahassee, Florida 32314

Dear Sir or Madam:

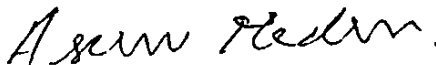
I have made several unsuccessful attempts to register on line and download the required forms as requested by your department before May 1, 2005 due to a change of address.

Several attempts have also been made to have a telephone conversation to clarify this situation. It has been difficult to get through to the department as each call has had a one half hour wait to access staff members. My last attempt resulted in verbal contact with a member of your staff who suggested that I contact you by mail. His suggestion was that this explanation of the situation would assist me in not being charged with a late fee.

It has been my full intent to cooperate with you in this matter. I have enclosed the required fee of \$150.00 as requested.

I appreciate your time and consideration in my behalf.

Sincerely,



Aruna Medara, M. D.