2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 13, 2005 8:00 am
Secretary of State
05-17-2005 90119 024 ***150.00

DOCUMENT # L04000036309

1. Entity Name

ADVANCED IMAGING CONCEPTS, P.L.

Principal Place of Business	Mailing Address
5091 GOLF CLUB LANE SPRING HILL FL 34609	5091 GOLF CLUB LANE SPRING HILL FL 34609

1st MOORE CR2E083 (10/04)

2. Principal Place of Business	3. Mailing Address
AIC	ADVANCED IMAGING CONCEPTS
Suite, Apt. #, etc. 13063 CORTEZ BLVD.	Suite, Apt. #, etc. 13063 CORTEZ BLVD
City & State BROOKSVILLE, FL	City & State BROOKSVILLE FL.
Zip 34613. Country HERNANDO	Zip 34613 Country USA

4. FEI Number 861108735 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VRASPIR, TODD W ESQ
5327 COMMERCIAL WAY, STE A101
SPRING HILL FL 34606

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 ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER ARUNA MEDARA 5091 GOLF CLUB LA. BROOKSVILLE FL 34613 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / 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 #

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

Aruna Medara, M. D.

13063 Cortez Blvd • Brooksville, FL 34613 • Phone (352) 597-0016 • Fax (352) 597-0089 • www.advancedimagingconcepts.com