

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

\$50.00

DOCUMENT # L04000049291

1. Entity Name

CENTRAL PALM BEACH IMAGING, LLC



FILED

07 FEB 16 PM 1:51

SECRETARY OF STATE
TALLAHASSEE

1st MOORE

CR2E083 (10/06)

07

AP-PLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MENKHAUS, DAVID J
1900 GLADES ROAD, SUITE 401
BOCA RATON FL 33431

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, 2007

900088900239
02/21/07--01026--020 **200.00

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM ☐ Delete
NAME: SEGER, RUSS DR
STREET ADDRESS: 4623 FOREST HILL BLVD., SUITE 110
CITY- ST- ZIP: WEST PALM BEACH FL 33415

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

TITLE: ☐ Delete
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10. ADDITIONS/CHANGES

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

2/5/07

Daytime Phone #