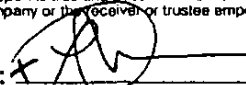


FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90177 015 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000050002			
1. Entity Name PRESTIGE IMAGING, LLC			
Principal Place of Business 1880 ARLINGTON STREET, STE. 204 SARASOTA, FL 34239		Mailing Address P.O. BOX 25428 SARASOTA, FL 34277	
2. Principal Place of Business - No P.O. Box # 2415 UNIVERSITY PKY		3. Mailing Address	
Suite, Apt. #, etc. 112		Suite, Apt. #, etc.	
City & State SARASOTA, FL		City & State	
Zip 34243	Country	Zip	Country
4. FEI Number 14-1911169		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent F & L CORP. ONE INDEPENDENT DRIVE, STE. 1300 JACKSONVILLE, FL 32202		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LICHTENSTEIN, RICHARD J M.D. 1800 ARLINGTON STREET, STE. 204 SARASOTA, FL 34239 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SRUR, MARCEL F M.D. 1800 ARLINGTON STREET, STE. 204 SARASOTA, FL 34239 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BRODSKY, RANDALL I M.D. 1800 ARLINGTON STREET, STE. 204 SARASOTA, FL 34239 ☐ 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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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
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:  Richard J. Lichtenstein		Date 3/7/07 (941) 487-2550	