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Mar 29, 2007 8:00 am
Secretary of State
03-29-2007 90177 015 ****50.00

60030236

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
Suite, Apt. #, etc.: 112
City & State: SARASOTA, FL
Zip: 34243
Country:

3. Mailing Address
Suite, Apt. #, etc.:
City & State:
Zip:
Country:

02222007 Chg-LLC CR2E083 (12/06)

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 _____
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, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LICHTENSTEIN, RICHARD J M.D.	NAME	
STREET ADDRESS	1800 ARLINGTON STREET, STE. 204	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34239	CITY-ST-ZIP	
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SRUR, MARCEL F M.D.	NAME	
STREET ADDRESS	1800 ARLINGTON STREET, STE. 204	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34239	CITY-ST-ZIP	
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BRODSKY, RANDALL I M.D.	NAME	
STREET ADDRESS	1800 ARLINGTON STREET, STE. 204	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34239	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: X Richard J. Lichtenstein 3/7/07 (941) 487-2550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #