2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State
04-04-2005 90430 011 ****50.00

DOCUMENT # L04000059246

1. Entity Name
POPE COUNTY IMAGING, LLC

Principal Place of Business
1509 WEST SWANN AVENUE
SUITE 100
TAMPA, FL 33606 US

Mailing Address
1509 WEST SWANN AVENUE
SUITE 100
TAMPA, FL 33606 US

2. Principal Place of Business: 3127 West 2ND Court
Suite, Apt. #, etc.: Suite 1
City & State: Russellville, AR
Zip: 72811 Country: US

3. Mailing Address: PO Box 1351
Suite, Apt. #, etc.:
City & State: TAMPA, FL.
Zip: 33601 Country: US

03292005 Chg-LLC CR2E083 (10/03)

4. FEI Number: 20-1460922 ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
ATLANTIC IMAGING, LLC
PO BOX 1351
TAMPA, FL 33601

7. Name and Address of New Registered Agent
Name: Atlantic Imaging, LLC
Street Address (P.O. Box Number is Not Acceptable): 710 West Bay St
Suite B
City: TAMPA FL Zip Code: 33606

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: _____ DATE: 3/29/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGRM ☐ Delete	TITLE	MGRM ☑ Change ☐ Addition
NAME	SPRAGUE IMAGING LLC	NAME	Sprague Imaging, LLC
STREET ADDRESS	8907 67TH WAY	STREET ADDRESS	357 - 4th Avenue South
CITY-ST-ZIP	PINELLAS PARK, FL 33782	CITY-ST-ZIP	Saint Petersburg, FL. 33701
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	
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 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: _____ T. Christenberry 3/29/05 813 254 1482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #