

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066573

FILED
Apr 13, 2005
Secretary of State

Entity Name: ADVANCED IMAGING OF PORT CHARLOTTE, LLC

Current Principal Place of Business:

1435-A COLLINGSWOOD BOULEVARD
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

2625 TAMIAMI TRAIL
UNIT #1
PORT CHARLOTTE, FL 33952

Current Mailing Address:

1435-A COLLINGSWOOD BOULEVARD
PORT CHARLOTTE, FL 33948

New Mailing Address:

2625 TAMIAMI TRAIL
UNIT 1
PORT CHARLOTTE, FL 33952

FEI Number: 20-1656873

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AEBEL, ERIN S ESQUIRE
SHUMAKER, LOOP & KENDRICK, LLP
101 E. KENNEDY BOULEVARD, SUITE 2800
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: FABIAN, THOMAS M DR.
Address: 4520 GRASSY POINT BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: MGRM () Change (X) Addition
Name: MTL INVESTMENTS, LLC,
Address: 1435-A COLLINGSWOOD BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33948 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DR. THOMAS M. FABIAN

MGR

04/13/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date