## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Apr 14, 2005 8:00 am Secretary of State **DOCUMENT # L04000076046** 04-14-2005 90029 046 \*\*\*\*50.00 1. Entity Name PREM-CHAR IMAGING, LLC Principal Place of Business Mailing Address 2525 HARBOR BLVD. 2525 HARBOR BLVD. **SUITE 103** SUITE 103 PORT CHARLOTTE, FL 33952 PORT CHARLOTTE, FL 33952 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01282005 CR2E083 (10/03) Cha-LLC Applied For City & State City & State 4 FEt Number 20-1768394 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRENT D. BLACK MD WALKER, GARY Street Address (P.O. Box Number is Not Acceptable) 202 S. ROME AVE. SUITE 100 #104 TAMPA, FL 33606 2525 HARBOR 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 Fiorida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable. Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. PRESIDENT ☐ Change Addition ☐ Delete TITLE TITLE BRENT D. BLACK MD NAME 2525 HARBOR BLUD #104 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT CHARLOTTE FL 33952 VICE - PRESIDENT **Addition** TITLE ☐ Delete TITLE ☐ Change MARGARET VALENTE MD NAME NAME STREET ADDRESS 2525 HARBOR BLID #104 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT CHARLOTTE, FL 33952 SEC/TREAS\_\_\_ TITLE - Delete TITLE --- Change . ✓ Addition NAME JANICE G. NORD MD NAME 2525 HARBOR BLVD #104 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POLT CHARLOTTE FL 33952 TITLE ☐ Delete DIRECTOR ☐ Change **Addition** MARK L. CALLMAN MD NAME NAME 2525 HARBOR BLVD # 104 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT CHARLOTTE FL 33952 TITLE ☐ Delete TITLE DILECTOR ☐ Change Addition NAME NAME JEROME B. COHEN MD STREET ADDRESS STREET ADDRESS 2525 HARBOR BLVD 4104 CITY-ST-ZIP CITY-ST-ZIP POLT CHARLOTTE, FL 33952 TITLE ☐ Delete TIT1 F ☐ Change Addition MANAGING DILECTOR NAME NAMÉ DAVID E. NOVAK STREET ADDRESS STREET ADDRESS 25 25 HARBE BLUD #104 CITY-ST-ZIP CITY-ST-ZIP POLT CHARLOTTE, FL 33952 11. Thereby 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED** 

941-629-5751

2-2-05