

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000076046

FILED
Aug 04, 2006
Secretary of State

Entity Name: PREM-CHAR IMAGING, LLC

Current Principal Place of Business:

2525 HARBOR BLVD.
SUITE 103
PORT CHARLOTTE, FL 33952 US

New Principal Place of Business:

Current Mailing Address:

2525 HARBOR BLVD.
SUITE 103
PORT CHARLOTTE, FL 33952 US

New Mailing Address:

FEI Number: 20-1768394 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BLACK, MD, BRENT D
2525 HARBOR BLVD #104
SUITE 100
PORT CHARLOTTE, FL 33952 US

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/MANAGERS:

Title: P () Delete
Name: BLACK, MD, BRENT D
Address: 2525 HARBOR BLVD #104
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: V () Delete
Name: VALENTE, MD, MARGARET
Address: 2525 HARBOR BLVD #104
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: ST () Delete
Name: WORD, MD, JANICE G
Address: 2525 HARBOR BLVD #104
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D () Delete
Name: CALLMAN, MD, MARK L
Address: 2525 HARBOR BLVD #104
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D () Delete
Name: COHEN, MD, JEROME B
Address: 2525 HARBOR BLVD #104
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D () Delete
Name: NOVAK, DAVID E
Address: 2525 HARBOR BLVD #104
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: BRENT D. BLACK, MD

PRES

08/04/2006

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