

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90141 025 ****50.00

DOCUMENT # L04000079535
 1. Entity Name
KENDALL ADVANCED LIFE IMAGING, LLC



Principal Place of Business
9280 SW 72 STREET
~~STE 102~~
MIAMI, FL 33173 US

Mailing Address
9280 SW 72 STREET
MIAMI, FL 33173 US

20002028



2. Principal Place of Business
9280 SW 72 Street

3. Mailing Address
9280 SW 72 Street

Suite, Apt. #, etc.
Suite 102

01142006 Chg-LLC CR2E083 (11/05)

City & State
Miami, FL

City & State
Miami FL

Zip Country
33173 US

Zip Country
33173 US

4. FEI Number
30-0280934

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
~~PARR, OWEN E~~
~~9280 SW 72 STREET~~
~~MIAMI, FL 33173~~

7. Name and Address of New Registered Agent
 Name **Sergio F. Cabrera**
 Street Address (P.O. Box Number is Not Acceptable) **9280 SW 72 Street**
 City **Miami** FL Zip Code **33173**

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 *Sergio F. Cabrera* DATE 1/15/06

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, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PARR, OWEN E <input checked="" type="checkbox"/> Delete 9280 SW 72 STREET MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CABRERA, SERGIO F <input type="checkbox"/> Delete 9280 SW 72 STREET MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Sergio F. Cabrera* DATE: 1/15/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #