## 2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

## DOCUMENT# L04000080477

FILED Dec 02, 2005 Secretary of State

(X) Change ( ) Addition

SKORUPA, SCOTT MD

9050 PINES BLVD, SUITE 200

PEMBROKE PINES, FL 33024

Entity Name: FAMILY IMAGING CENTER OF WELLINGTON, LLC

Current Principal Place of Business: New Principal Place of Business:

9050 PINES BOULEVARD, SUITE 200 PEMBROKE PINES, FL 33024

Current Mailing Address: New Mailing Address:

9050 PINES BOULEVARD, SUITE 200 PEMBROKE PINES, FL 33024

FEI Number: 13-4293032 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

AMERICAN INFORMATION SERVICES, INC. ONE SOUTHEAST THIRD AVENUE, 28TH FL MIAMI, FL 33131 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

Title:

Name:

Address:

City-St-Zip:

## MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

 Title:
 MGR
 ( ) Delete

 Name:
 SHAPIR, JONATHAN MD

 Address:
 9050 PINES BLVD, SUITE 200

 City-St-Zip:
 PEMBROKE PINES, FL 33024

itle: MGR ( ) Delete Title: ( ) Change ( ) Addition

 Title:
 MGR () Delete
 Title:

 Name:
 STRUB, DAN
 Name:

 Address:
 9050 PINES BLVD, SUITE 200
 Address:

 City-St-Zip:
 PEMBROKE PINES, FL 33024
 City-St-Zip:

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: DAN STRUB MGR 12/02/2005