

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000080477**

1. Entity Name  
**FAMILY IMAGING CENTER OF WELLINGTON, LLC**



Principal Place of Business

**9050 PINES BOULEVARD, SUITE 200  
PEMBROKE PINES, FL 33024**

Mailing Address

**9050 PINES BOULEVARD, SUITE 200  
PEMBROKE PINES, FL 33024**



01162006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**13-4293032**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
SKORUPA, SCOTT MD  
9050 PINES BLVD, SUITE 200  
PEMBROKE PINES, FL 33024**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
STRUB, DAN  
9050 PINES BLVD, SUITE 200  
PEMBROKE PINES, FL 33024**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000412158  
02/10/06-80035-011 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

02, -6/06

Date

954 4374800

Daytime Phone #