

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 05, 2007 08:00 A
Secretary of State

DOCUMENT # L04000083553
 1. Entity Name
PALM BEACH HEART IMAGING, LLC



Principal Place of Business 12953 PALMS WEST DRIVE SUITE 102 LOXAHATCHEE, FL 33470	Mailing Address 12953 PALMS WEST DRIVE SUITE 102 LOXAHATCHEE, FL 33470
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03022007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2514449	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BYRD, BARRY B
 7108 FAIRWAY DRIVE
 SUITE 225
 PALM BEACH GARDENS, FL 33418

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VEDERE, AMARNATH 12953 PALMS WEST DRIVE SUITE 102 LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VENUGOPAL, CHANDRA 12953 PALMS WEST DRIVE SUITE 102 LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOUCAULD, JEAN 12953 PALMS WEST DRIVE SUITE 102 LOXAHATCHEE, FL 33470
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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: *Chandra Venugopal* chandra Venugopal 3/22/07 561-793-6100

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