

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083553

**FILED**  
**Mar 19, 2012**  
**Secretary of State**

**Entity Name:** PALM BEACH HEART IMAGING, LLC

**Current Principal Place of Business:**

3347 STATE ROAD 7  
SUITE 203  
WELLINGTON, FL 33449

**New Principal Place of Business:**

**Current Mailing Address:**

3347 STATE ROAD 7  
SUITE 203  
WELLINGTON, FL 33449

**New Mailing Address:**

**FEI Number:** 20-2514449

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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: MGRM  
Name: VEDERE, AMARNATH  
Address: 3347 STATE ROAD 7, SUITE 203  
City-St-Zip: WELLINGTON, FL 33449

Title: MGRM  
Name: VENUGOPAL, CHANDRA  
Address: 3347 STATE ROAD 7, SUITE 203  
City-St-Zip: WELLINGTON, FL 33449

Title: MGRM  
Name: FOUCAULD, JEAN  
Address: 3347 STATE ROAD 7, SUITE 203  
City-St-Zip: WELLINGTON, FL 33449

I hereby 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: AMARNATH VEDERE

MGRM

03/19/2012

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