

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000086192

Entity Name: IMAGING CONSULTANTS LLC

FILED  
May 03, 2006  
Secretary of State

**Current Principal Place of Business:**

612 PALMETTO STREET  
NEW SMYRNA BEACH, FL 32168

**New Principal Place of Business:**

**Current Mailing Address:**

612 PALMETTO STREET  
NEW SMYRNA BEACH, FL 32168

**New Mailing Address:**

FEI Number: 20-1923066      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

NAGRANI, MARK  
612 PALMETTO STREET  
NEW SMYRNA BEACH, FL 32168      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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: THE MARK NAGRANI IRR, EVOCABLE TRST  
Address: 612 PALMETTO STREET  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: MGRM ( ) Delete  
Name: THE NICOLE NAGRANI I, RREVOCABEL TRU S T  
Address: 612 PALMETTO STREET  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: MGRM ( ) Delete  
Name: BRYAN HEATH MD PA,  
Address: 2126 VILLA WAY  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: MGRM ( ) Delete  
Name: ENGLER, KEITH J  
Address: 460 GRANADA ST  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: HEATH FAMILY LIMITED, PARTNERSHIP  
Address: 2126 VILLA WAY  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MARK NAGRANI

MGRM

05/03/2006

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