

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**May 23, 2008 8:00 am**  
**Secretary of State**

05-23-2008 90159 015 \*\*\*138.75

**DOCUMENT # L04000088855**

1. Entity Name

NORTH FLORIDA IMAGING CENTER, LLC



Principal Place of Business

2380 3RD STREET  
JACKSONVILLE BEACH FL 32250

Mailing Address

2380 3RD STREET  
JACKSONVILLE BEACH FL 32250



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

20-1979605

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRAWFORD, JOHN R  
1200 RIVERPLACE BLVD., SUITE 800  
JACKSONVILLE FL 32207

Name

DAVID M. LINGER

Street Address (P.O. Box Number is Not Acceptable)

302 THIRD ST. SUITE 5

City

NEPTUNE BEACH

FL

Zip Code

32266

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

*David M. Linger* DAVID M. LINGER

4/2/08

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

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$138.75**

**After May 1, 2008, Fee Will Be \$538.75**

**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☒ Delete  
NAME BLOOM, RICHARD R JR.  
STREET ADDRESS 2380 3RD STREET  
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME ALEPA, CHRISTOPHER  
STREET ADDRESS 1011 BEACH AVE  
CITY-ST-ZIP ATLANTIC BEACH FL 32223

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 63 WEST DALE DR  
CITY-ST-ZIP HILLSIDE, NJ 07642

TITLE MGR ☒ Delete  
NAME KELLY, JOSEPH L  
STREET ADDRESS 2338 COOL SPRINGS DR NORTH  
CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Digital Signature

*CT Almaraz*

4/30/08