

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 02, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000090260

1. Entity Name
FLAGLER DIAGNOSTIC IMAGING LLC



Principal Place of Business
**10-B FLORIDA PARK DRIVE
PALM COAST, FL 32137**

Mailing Address
**10-B FLORIDA PARK DRIVE,
PALM COAST, FL 32137**



01232006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2018288

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GEARIN, JOHN
5051 SE GREAT POCKET TRAIL
STUART, FL 34997**

**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**

U000000415950
02/11/06-80103-008 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|-----------------------------------|
| TITLE | MGRM |
| NAME | SPOONER, LEN |
| STREET ADDRESS | 38955 CHAPARRAL DRIVE |
| CITY-ST-ZIP | TEMECULA, CA 92592 |
| TITLE | MGRM |
| NAME | GEARIN, JOHN |
| STREET ADDRESS | 5051 SE GREAT POCKET TRAIL |
| CITY-ST-ZIP | STUART, FL 34997 |
| TITLE | MGRM |
| NAME | NAGRANI, MARK DR |
| STREET ADDRESS | 5051 SE GREAT POCKET TRAIL |
| CITY-ST-ZIP | STUART, FL 34997 |

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
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 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