

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90253 001 ***100.00

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1. Entity Name

DELRAY IMAGING ASSOCIATES, LLC



Principal Place of Business

4675 W. LINTON BLVD.
DELRAY BEACH, FL 33445

Mailing Address

1325 S CONGRESS AVENUE
SUITE 211
BOYNTON BEACH, FL 33426-5876

30001773



02052007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-2872472

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MENKHAUS, DAVID J
1900 GLADES ROAD, SUITE 401
BOCA RATON, FL 33431

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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

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE M
NAME DOSCH, MARK R
STREET ADDRESS 1325 S CONGRESS AVE SUITE 211
CITY-ST-ZIP BOYNTON BEACH, FL 33426

TITLE MGR
NAME ALALU, JAMIE
STREET ADDRESS 1325 S CONGRESS AVENUE SUITE 211
CITY-ST-ZIP BOYNTON BEACH, FL 33426

TITLE MGR
NAME BROWN, MARK
STREET ADDRESS 1325 S CONGRESS AVE SUITE 211
CITY-ST-ZIP BOYNTON BEACH, FL 33426

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #