


FILED
Feb 06, 2006 8:00 am
Secretary of State

01-09-2006 90050 050 ****50.00

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000055608			
1. Entity Name SUPERIOR IMAGING MANAGEMENT, LLC			
Principal Place of Business 3195 WILLOW LANE WESTON, FL 33331		Mailing Address 3195 WILLOW LANE WESTON, FL 33331	
2. Principal Place of Business 1565 NORTHPARK DRIVE		3. Mailing Address	
Suite, Apt. #, etc. 102		Suite, Apt. #, etc.	
City & State WESTON FL		City & State	
Zip 33326	Country USA	Zip	Country
4. FEI Number 20-2954965		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		01052006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent SHAPIR, JONATHAN M.D. 3195 WILLOW LANE WESTON, FL 33331		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 <i>Jonathan Shapir</i>		JONATHAN SHAPIR, M.D. PRESIDENT 01/05/06	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 606, Florida Statutes.			
SIGNATURE: <i>Jonathan Shapir</i>		JONATHAN SHAPIR, M.D. 01/05/06 954 667 0895	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

ATTACHMENT
30000263
#L05000055608



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 12, 2006

SUPERIOR IMAGING MANAGEMENT, LLC
3195 WILLOW LANE
WESTON, FL 33331

Subject: SUPERIOR IMAGING MANAGEMENT, LLC

Reference Number: L05000055608

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040. ✓

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/al

ANNUAL REPORTS SECTION