

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000112106

**FILED
Apr 10, 2007
Secretary of State**

Entity Name: FLORIDA GULF COAST CENTER FOR CRANIOFACIAL IMAGING, LLC

Current Principal Place of Business:

1140 GOODLETTE ROAD
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

1140 GOODLETTE ROAD
NAPLES, FL 34102

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PAYNE, ROBERT W
1140 GOODLETTE ROAD
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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: PAYNE, ROBERT W
Address: 1140 GOODLETTE ROAD
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES:

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: ROBERT W. PAYNE MGR 04/10/2007

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