

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000109107

1. Entity Name
FLUOROSCOPY OUTPATIENT SERVICES, L.L.C.



Principal Place of Business
1471 CADES BAY AVENUE
JUPITER, FL 33458 US

Mailing Address
1471 CADES BAY AVENUE
JUPITER, FL 33458 US



01072008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
77-0675511

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCROGGINS, H. STACY
1471 CADES BAY AVENUE
JUPITER, FL 33458

**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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SCROGGINS, H. STACY
1471 CADES BAY AVENUE
JUPITER, FL 33458

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SCROGGINS, DONNA
1471 CADES BAY AVENUE
JUPITER, FL 33458

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MURPHY, PATRICK
1471 CADES BAY AVENUE
JUPITER, FL 33458

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000795157
01/28/08-80036-008 138.75

**DO NOT WRITE
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: H. Stacy Scroggins H. Stacy Scroggins

1/21/08

561.630.6277

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

Date

Daytime Phone #