## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## **FILED** Jan 14, 2008 8:00 am Secretary of State

DOCUMENT # L07000029756  1. Entity Name BRADENTON OUTPATIENT FLUOROSCOPIC SERVICES, LLC					01-14-2008 S	90040 017 ***13	38.75
Principal Place	e of Business	Mailing Address	-				
CADES BAY A JUPITER, FL		CADES BAY AVENUE JUPITER, FL 33458 L	ıs				
2 Principal D	lace of Business - No P.O. Brax #	3. Mailing Address					
1471	Cades By Avenu	ا میتاما	Boy Avenue	-	H MAHII I <b>n d</b> hèr makil maili a dili a dili	88116   11919   18111   1888   181116   1811	1831 III I <b>BB</b> I
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01072008	Chg-LLC	CR2E083 (12/06)	
City & State	10- 1-1	City & State	FL	4. FE! Numb	158373	<del></del>	oplied For of Applicable
3345°	Country	Zip 3345 %	Country		of Status Desired	S5.00 Add	
<u> </u>	6. Name and Address of Current F	Registered Agent		7. Name and	Address of New Re		
			Name			<u>v.                                    </u>	
STACY SCROGGINS 1471 CADES BAY AVENUE			Street Address	Address (P.O. Box Number is Not Acceptable)			
JUPITER,	FL 33458		-			····	
			City			FI Zip Cod	e
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office or regist	ered agent, or bo	th, in the State of Flori		and accept
	ions of registered agent.			-			
SIGNATURE.							
Sidivatorie.	Signature, typed or printed name of registered agent a	ind title d applicable (NOTE I	łegistered Agent signature requii	red when reinstating)		DATE	
FILE	Signature, typed or printed name of registered agent a NOW!!! FEE IS \$138.75 to 1, 2008 Fee will be \$538.75		Registered Agent signature requi	red when reinstaling)		check payable to Department of State	e
FILE	NOW!!! FEE IS \$138.75		Registered Agent signature requirements	red when reinstaling)		check payable to Department of State	e
FILE After May	NOW!!! FEE IS \$138.75 71, 2008 Fee will be \$538.75  MANAGING MEMBEI		10.	ed when reinstaling)	Florida	check payable to Department of State	e Addition
FILE After May	NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.75  MANAGING MEMBE	RS/MANAGERS	10.	ed when reinstalling)	Florida	check payable to Department of State CHANGES	
FILE After May 9. TITLE NAME	MANAGING MEMBEI MGR SCROGGINS, STACY H	RS/MANAGERS	10. IGLE NAME	ed when reinstaling)	Florida	check payable to Department of State CHANGES	
FILE After May  9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	MANAGING MEMBEI MGR SCROGGINS, STACY H 1471 CADES BAY AVENUE JUPITER, FL 33458 MGR	RS/MANAGERS	10.  IITLE  NAME  STREEF ADDRESS  CITY-SI-ZIP  IITLE	ed when reinstaling)	Florida	check payable to Department of State CHANGES	
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP	MANAGING MEMBER MGR SCROGGINS, STACY H 1471 CADES BAY AVENUE JUPITER, FL 33458	RS/MANAGERS  Delete	10. IITLE MAME STREEF ADDRESS CITY-ST-ZIP	ed when reinstaling)	Florida	check payable to Department of State CHANGES  Change	☐ Addition
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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 of this teach movered to execute this report as required by Chapter 608, Florida Statutes.

561.630.6277