

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

01-14-2008 90040 017 ***138.75

DOCUMENT # L07000029756 1. Entity Name BRADENTON OUTPATIENT FLUOROSCOPIC SERVICES, LLC			
Principal Place of Business CADES BAY AVENUE JUPITER, FL 33458 US		Mailing Address CADES BAY AVENUE JUPITER, FL 33458 US	
2. Principal Place of Business - No P.O. Box # 1471 Cades Bay Avenue		3. Mailing Address 1471 Cades Bay Avenue	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Jupiter, FL		City & State Jupiter, FL	
Zip 33458		Zip 33458	
Country USA		Country US	
4. FEI Number 33-1158373		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent STACY SCROGGINS 1471 CADES BAY AVENUE JUPITER, FL 33458		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCROGGINS, STACY H 1471 CADES BAY AVENUE JUPITER, FL 33458	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCROGGINS, DONNA 1471 CADES BAY AVENUE JUPITER, FL 33458	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MURPHY, PATRICK 1471 CADES BAY AVENUE JUPITER, FL 33458	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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 608, Florida Statutes.			
SIGNATURE: <u>H. Stacy Scroggins</u> H Stacy Scroggins 1/9/08 561-630-6277			