

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000122662

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** ICSF OUTPATIENT SERVICES, LLC

**Current Principal Place of Business:**

190 S.E.19 AVENUE  
POMPANO BEACH, FL 33060

**New Principal Place of Business:**

**Current Mailing Address:**

190 S.E.19 AVENUE  
POMPANO BEACH, FL 33060

**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:**

KATZ, RICHARD L  
6630 SW 70 LANE  
SOUTH MIAMI, FL 33060 US

**Name and Address of New Registered Agent:**

LAW OFFICES OF JEFF COHEN PA  
909 SE 5TH AVENUE  
SUITE 200  
DELRAY BEACH, FL 33483 US

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: JEFF COHEN

02/16/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: IMAGING CONSULTANTS OF SOUTH FLORIDA  
Address: 190 S.E.19 AVENUE  
City-St-Zip: POMPANO BEACH, FL 33434 US

I hereby 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: CHAD KELMAN, M.D.

MGRM

02/16/2011

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