

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000126568

**FILED**  
**Feb 11, 2010**  
**Secretary of State**

**Entity Name:** INSIGHT HEALTH PARTNERS, LLC

**Current Principal Place of Business:**

695 CENTRAL AVE, SUITE 15010  
ST. PETERSBURG, FL 33701

**New Principal Place of Business:**

**Current Mailing Address:**

695 CENTRAL AVE, SUITE 15010  
ST. PETERSBURG, FL 33701

**New Mailing Address:**

**FEI Number:** 26-1675032

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WEINBREN, DON B ESQ.  
101 EAST KENNEDY BLVD., SUITE 2700  
TAMPA, FL 33602 US

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

TK REGISTERED AGENT, INC.  
101 EAST KENNEDY BLVD.  
SUITE 2700  
TAMPA, FL 33602 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: DON B. WEINBREN

02/11/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: COO  
Name: KRONENBERG, KATHERINE  
Address: 125 21ST AVE NE  
City-St-Zip: ST PETERSBURG, FL 33704

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: KATHERINE KRONENBERG

COO

02/11/2010

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