

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000126568

**FILED**  
**Jan 05, 2012**  
**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:**

TK REGISTERED AGENT, INC.  
101 EAST KENNEDY BLVD.  
SUITE 2700  
TAMPA, FL 33602 US

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

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:

\_\_\_\_\_  
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

01/05/2012

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