

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000004201

**FILED**  
**Mar 03, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA BEDSIDE IMAGING, LLC

**Current Principal Place of Business:**

6191 ORANGE DRIVE  
SUITE 4466  
DAVIE, FL 33314

**New Principal Place of Business:**

**Current Mailing Address:**

6191 ORANGE DRIVE  
SUITE 4466  
DAVIE, FL 33314

**New Mailing Address:**

**FEI Number:** 26-3713376

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHIR, GUY M ESQ.  
1800 N.W. CORPORATE BLVD.  
SUITE 102  
BOCA RATON, FL 33431 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:** MGRM  
**Name:** KOPLOWITZ, BRUCE  
**Address:** 6191 ORANGE DRIVE, SUITE 4466  
**City-St-Zip:** DAVIE, FL 33314

**Title:** MGR  
**Name:** ROSEBROUGH, DENNIS F  
**Address:** 6191 ORANGE DRIVE, SUITE 4466  
**City-St-Zip:** DAVIE, FL 33314

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:** BRUCE KOPLOWITZ

MGR

03/03/2010

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