

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000092522

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

**Entity Name:** CLEMATIS MRI & IMAGING CENTER, LLC

**Current Principal Place of Business:**

101 NORTH CLEMATIS STREET  
STE. 120  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

4307 SW 195 TERRACE  
MIRAMAR, FL 33029

**Current Mailing Address:**

101 NORTH CLEMATIS STREET  
STE. 120  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

4307 SW 195 TERRACE  
MIRAMAR, FL 33029

**FEI Number:** 32-0292159

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUSTILLO, JOSE E  
10051 PINES BLVD  
STE. A  
PEMBROKE PINES, FL 33024 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: BELMONTE, SERGIO  
Address: 101 NORTH CLEMATIS STREET, STE 120  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM  
Name: BELMONTE, EDUARDO  
Address: 101 NORTH CLEMATIS STREET, STE 120  
City-St-Zip: WEST PALM BEACH, FL 33401

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: EDUARDO BELMONTE

MGRM

04/20/2010

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