


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L96000000824 1. Entity Name FLORIDA ALLIANCE OF PORTABLE X-RAY PROVIDERS, L.C.	
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Principal Place of Business 5201 BABCOCK STREET NE STE 2 PALM BAY, FL 32905	Mailing Address P.O BOX 650571 VERO BEACH, FL 32965
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DO NOT WRITE IN THIS SPACE



01062008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-3398869	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KANCILIA, JOHN R 1686 W HIBISCUS BLVD MELBOURNE, FL 32901

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000821994
02/19/08-80049-012 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIAGNOSTIC PORTABLE IMAGING 5201 BABCOCK ST NE STE 2 PALM BAY, FL 32905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRAWFORD, ROSANNA 120 66TH AVENUE S. W. VERO BEACH, FL 32968
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  **2-78**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #