

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000000824

FILED
Mar 06, 2009
Secretary of State

Entity Name: FLORIDA ALLIANCE OF PORTABLE X-RAY PROVIDERS, L.C.

Current Principal Place of Business:

5201 BABCOCK STREET NE STE 2
PALM BAY, FL 32905

New Principal Place of Business:

120 66TH AVENUE, S W
VERO BEACH, FL 32968

Current Mailing Address:

P.O BOX 650571
VERO BEACH, FL 32965

New Mailing Address:

FEI Number: 59-3398869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KANCILIA, JOHN R
1686 W HIBISCUS BLVD
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

AMAR, ERIC
8360 W FLAGLER STREET
MIAMI, FL 33144 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: ERIC AMAR

03/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DIAGNOSTIC PORTABLE, IMAGING
Address: 5201 BABCOCK ST NE STE 2
City-St-Zip: PALM BAY, FL 32905

Title: MGR (X) Delete
Name: CRAWFORD, ROSANNA
Address: 120 66TH AVENUE S. W.
City-St-Zip: VERO BEACH, FL 32968

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MOBILE IMAGING OF ST, LUCIE COUNTY, INC.
Address: 120 66TH AVENUE, SW
City-St-Zip: VERO BEACH, FL 32968

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: ROSANNA CRAWFORD

RC

03/06/2009

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