

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 09, 2005 8:00 am**  
**Secretary of State**

03-09-2005 90008 034 \*\*\*\*55.00

<b>DOCUMENT # L98000001363</b>	
1. Entity Name <b>WEST BROWARD X-RAY CENTER, LLC</b>	

Principal Place of Business <b>% 505 NORTHWEST 102ND WAY PLANTATION, FL 33324</b>	Mailing Address <b>PO BOX 16477 PLANTATION, FL 33318-6477</b>
--	--

2. Principal Place of Business <b>7050 NW 4 Street</b>	3. Mailing Address <b>20343 NW 56 Court</b>
Suite, Apt. #, etc. <b>Suite 202</b>	Suite, Apt. #, etc.

City & State <b>Plantation, Florida</b>	City & State <b>Miami, Florida</b>
Zip <b>33324</b>	Country <b>USA</b>
Zip <b>33055</b>	Country <b>USA</b>



02152005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>65-0843691</b>	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	7. Name and Address of New Registered Agent
	Name <b>IRIS D. MARIN</b>
	Street Address (P.O. Box Number is Not Acceptable) <b>20343 NW 56 Court</b>
	City <b>Miami</b>
	State <b>FL</b>
	Zip Code <b>33055</b>

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 IRIS D. MARIN (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIVERA, MALLIE 505 NORTHWEST 102ND WAY PLANTATION, FL 33324 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IRIS D. MARIN 20343 NW 56 Court Miami, Florida 33055 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: IRIS D. MARIN (305) 610-1641

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #