

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000001363

FILED  
Sep 12, 2007  
Secretary of State

**Entity Name:** WEST BROWARD X-RAY CENTER, LLC

**Current Principal Place of Business:**

7050 NW 4 STREET  
SUITE 202  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

20343 NW 56 CT  
MIAMI, FL 33055

**New Mailing Address:**

FEI Number: 65-0843691      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

MARIN, IRIS D  
20343 NW 56 COURT  
MIAMI, FL 33055      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: MARIN, IRIS D  
Address: 7050 N.W. 4TH STREET, #202  
City-St-Zip: PLANTATION, FL 33317

**ADDITIONS/CHANGES:**

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: IRIS D MARIN

MGRM

09/12/2007

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