

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000003053

FILED
Apr 30, 2004
Secretary of State

Entity Name: PRESGAR IMAGING OF JUPITER, L.L.C.

Current Principal Place of Business:

654 W. INDIANTOWN RD
#107
JUPITER, FL 33458

New Principal Place of Business:

Current Mailing Address:

14025 RIVEREDGE DR
SUITE 600
TAMPA, FL 33637

New Mailing Address:

FEI Number: 59-3537565 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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/MEMBERS:

Title: MGRM () Delete
Name: PRESGAR MEDICAL IMAG, ING, INC.
Address: 14025 RIVEREDGE DR STE 600
City-St-Zip: TAMPA, FL 33637

Title: MGRM () Delete
Name: MEDICAL ASSET MANAGE, MENT, INC.
Address: 5405 OKEECHOBEE BLVD., SUITE 101
City-St-Zip: WEST PALM BEACH, FL 33417

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GARY, WRIGHT W
Address: 14025 RIVEREDGE DR STE 600
City-St-Zip: TAMPA, FL 33637

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GARY WRIGHT

MGR

04/30/2004

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