

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000003053

FILED  
Jan 28, 2005  
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 ( )**

**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: MGR ( ) Delete  
Name: GARY, WRIGHT W  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

M

01/28/2005

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