2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# L98000003429

Entity Name: FLORIDA IMAGING CONSULTANTS, P.L.

Current Principal Place of Business:

1615 NW FEDERAL HWY.
STUART, FL 34994 US

New Principal Place of Business:

Current Mailing Address:

1615 NW FEDERAL HWY.
STUART, FL 34994 US

New Mailing Address:

FEI Number: 65-0883822 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHEN, JEFFREY L ESQ.
54 N.E. FOURTH AVE.
DELRAY BEACH, FL 33483 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:	GALLANT, DREW S	
Address:	1615 NW FEDERAL HWY	
City-St-Zip:	STUART, FL 34994 US	
Title:	MGRM	( ) Delete
Name:	ZAYAS, HENRY R	
Address:	1615 NW FEDERAL HWY	
City-St-Zip:	STUART, FL 34994 US	
Title:	MGRM	( ) Delete
Name:	WALKER, ANDREW T	
Address:	1615 NW FEDERAL HWY	
City-St-Zip:	STUART, FL 34994 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: ANDREW T. WALKER, M.D. MGRM 04/29/2004

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