

2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

FILED  
Feb 23, 2006 08:00 AM  
Secretary of State

DOCUMENT # L98000003429

1. Entity Name  
FLORIDA IMAGING CONSULTANTS, P.L.



Principal Place of Business  
1615 NW FEDERAL HWY.  
STUART, FL 34994 US

Mailing Address  
1615 NW FEDERAL HWY.  
STUART, FL 34994 US



02172006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-0883822

Applied For  
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WALKER, ANDREW T MD  
1615 NW FEDERAL HWY  
STUART, FL 34994

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IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

Filing Fee is \$50.00  
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
GALLANT, DREW S  
1615 NW FEDERAL HWY  
STUART, FL 34994

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ZAYAS, HENRY R  
1615 NW FEDERAL HWY  
STUART, FL 34994

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
WALKER, ANDREW T  
1615 NW FEDERAL HWY  
STUART, FL 34994

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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03/06/06-80012-011 50.00

DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Henry R. Zayas, MD 2/17/06 772-878-5858