

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000325

FILED  
Apr 28, 2004  
Secretary of State

**Entity Name:** U.S. IMAGING CENTER CORP., LLC.

**Current Principal Place of Business:**

1455 EAST VENICE AVENUE  
SUITE 211  
VENICE, FL 34292

**New Principal Place of Business:**

842 SUNSET LAKE BOULEVARD  
SUITE 301  
VENICE, FL 34292

**Current Mailing Address:**

1455 EAST VENICE AVENUE  
SUITE 211  
VENICE, FL 34292

**New Mailing Address:**

842 SUNSET LAKE BOULEVARD  
SUITE 301  
VENICE, FL 34292

**FEI Number:** 33-0988234

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MILEY, STEPHEN M  
1455 EAST VENICE AVE., STE 211  
VENICE, FL 34292 US

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

MILEY, STEPHEN M  
842 SUNSET LAKE BOULEVARD  
SUITE 301  
VENICE, FL 34292 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:

04/28/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: MILEY, STEPHEN M  
Address: 1455 EAST VENICE AVE., STE 211  
City-St-Zip: VENICE, FL

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MILEY, STEPHEN M  
Address: 842 SUNSET LAKE BOULEVARD, SUITE 301  
City-St-Zip: VENICE, FL 34292

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: STEPHEN M MILEY, MD

MGR

04/28/2004

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