


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M02000001673</b> 1. Entity Name BARRINGTON MEDICAL IMAGING, L.L.C.	
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Principal Place of Business 22N159 PEPPER ROAD LAKE BARRINGTON, IL 60010	Mailing Address 22N159 PEPPER ROAD LAKE BARRINGTON, IL 60010
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**DO NOT WRITE IN THIS SPACE**



03232005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 36-4330158	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	<b>DO NOT WRITE IN THIS SPACE</b>
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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.

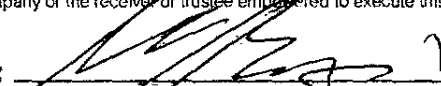
SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ERBES, WILLIAM J 1290 OAKVIEW RD. MEDINA, MN 55356
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YOVIC, WILLIAM C 22N159 PEPPER ROAD LAKE BARRINGTON, IL 60010
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**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  William J. Erbes 4-1-05 847-362-9732  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #