

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # M02000001673

1. Entity Name

BARRINGTON MEDICAL IMAGING, L.L.C.



FILED
Aug 21, 2006 08:00 AM
Secretary of State

Principal Place of Business
22N159 PEPPER ROAD
LAKE BARRINGTON IL 60010

Mailing Address
22N159 PEPPER ROAD
LAKE BARRINGTON IL 60010



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

2nd MOORE

CR2E083 (4/06)

4. FEI Number 36-4330158

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
ERBES, WILLIAM J
1290 OAKVIEW RD.
MEDINA MN 55356 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
U000000574855
08/21/06-80005-009 50.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
YOVIC, WILLIAM C
22N159 PEPPER ROAD
LAKE BARRINGTON IL 60010 ☐ Delete

TITLE
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CITY - ST - ZIP
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☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

8-16-06

847-462-7030