

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90310 005 ****50.00

DOCUMENT # M02000001673

1. Entity Name

BARRINGTON MEDICAL IMAGING, L.L.C.



Principal Place of Business

Mailing Address

**22N159 PEPPER ROAD
LAKE BARRINGTON IL 60010**

**22N159 PEPPER ROAD
LAKE BARRINGTON IL 60010**



2. Principal Place of Business - No P.O. Box #

615 Industrial Drive

3. Mailing Address

615 Industrial Drive

Suite, Apt. #, etc.

Unit D

Suite, Apt. #, etc.

Unit D

City & State

Cary, IL

City & State

Cary, IL

4. FEI Number

36-4330158

Applied For

Not Applicable

Zip
60013

Country
USA

Zip
60013

Country
USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 May 1, 2007

9. MANAGING MEMBERS/MANAGERS

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
**MGRM
YOVIC, WILLIAM C
22N159 PEPPER ROAD
LAKE BARRINGTON IL 60010** ☐ Delete

TITLE
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CITY ST ZIP
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10. ADDITIONS/CHANGES

TITLE
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CITY ST ZIP
☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

William Erbes

847-462-2030

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

Date

Daytime Phone #