

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90012 003 ****55.00

DOCUMENT # M03000001831

1. Entity Name
ADVANCED IMAGING SYSTEMS, LLC



Principal Place of Business
**6689 NW 16TH TERRACE
FORT LAUDERDALE, FL 33309**

Mailing Address
**6689 NW 16TH TERRACE
FORT LAUDERDALE, FL 33309**

24051904

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212004 Chg-LLC CR2E083 (10/03)

4. FEI Number
03-0466028

Applied For
Not Applicable

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

**HAYES, LARA
6689 NW 16TH TERRACE
FORT LAUDERDALE, FL 33309**

Name **C. LEO SMITH**

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

6689 NW 16TH TERR.

City **FORT LAUDERDALE FL** Zip Code **33309**

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

PRESIDENT

4-20-04

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **SARAFIANOS, GEORGE**
STREET ADDRESS **6689 NW 16TH TERRACE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33309**

TITLE **PRESIDENT / CEO** ☒ Change ☐ Addition
NAME **C. LEO SMITH**
STREET ADDRESS **6689 NW 16TH TERR.**
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE **MGR** ☐ Delete
NAME **SMITH, C. LEO**
STREET ADDRESS **6689 NW 16TH TERRACE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33309**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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: **PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-20-04 954-978-9090
Date Daytime Phone #