APR. 18. 2005 5:23PM GIOVANNIELLO AND CO

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90048 019 ****50.00

DOCUMENT # M04000000666

1. Entity Name
IMED DIAGNOSTIC SERVICES OF SOUTHEAST FLORIDA, LLC

Principal Place of Business
126 S ASSEMBLY ST
COLUMBIA, SC 29201

Mailing Address
126 S ASSEMBLY ST
COLUMBIA, SC 29201

6U040410

04182005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
8903 GLADES ROAD	8903 GLADES ROAD
Suite, Apt. #, etc. A8	Suite, Apt. #, etc. A8
City & State BOCA RATON, FL	City & State BOCA RATON, FL
Zip 33434 / Country USA	Zip 33434 / Country USA

4. FEI Number 20-0219547 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
103 N MERIDIAN ST
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name ALAN STERNBERG
Street Address (P.O. Box Number is Not Acceptable)
8903 GLADES ROAD, SUITE A8
City BOCA RATON FL Zip Code 33434

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

Filing Fee Is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ☒ Delete	TITLE	MGRM ☐ Change ☒ Addition
NAME	ADAMS, ROBERT	NAME	STERNBERG, ALAN
STREET ADDRESS	126 S ASSEMBLY ST	STREET ADDRESS	8903 GLADES ROAD, SUITE A8
CITY-ST-ZIP	COLUMBIA, SC 29201	CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	☐ Delete	TITLE	MGRM ☐ Change ☒ Addition
NAME		NAME	NEEDLEMAN, ARNOLD
STREET ADDRESS		STREET ADDRESS	8903 GLADES ROAD, SUITE A8
CITY-ST-ZIP		CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 605, Florida Statutes.

SIGNATURE: [signature] manager member April 20, 05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #