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

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

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

400040410

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	7. Name and Address of New Registered Agent
NATIONAL CORPORATE RESEARCH, LTD., INC. 103 N MERIDIAN ST TALLAHASSEE, FL 32301	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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADAMS, ROBERT 126 S ASSEMBLY ST COLUMBIA, SC 29201	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STERNBERG, ALAN 8903 GLADES ROAD, SUITE A8 BOCA RATON, FL 33434	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEEDLEMAN, ARNOLD 8903 GLADES ROAD, SUITE A8 BOCA RATON, FL 33434	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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