

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000017636

FILED
Apr 13, 2009
Secretary of State

Entity Name: OSTEOPOROSIS IMAGING CENTERS, L.L.C.

Current Principal Place of Business:

6200 SW 5TH STREET
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

PO BOX 42729
WASHINGTON, DC 20015

New Mailing Address:

FEI Number: 20-4279890

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEEDS, ROBERT
6200 SW 5 STREET
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEEDS, ROBERT
Address: 6200 SW 5 STREET
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT LEEDS

MGRM

04/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date