

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 12, 2008 8:00 am
Secretary of State

04-04-2008 90137 035 ***138.75

DOCUMENT # L05000108668

1. Entity Name
FLORIDA EAST COAST IMAGING, LLC



Principal Place of Business
**951 N. WASHINGTON AVENUE
 TITUSVILLE, FL 32796**

Mailing Address
**951 N. WASHINGTON AVENUE
 TITUSVILLE, FL 32796**

30009227



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06032008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

20-3992257

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BOYLES, WILLIAM A
 301 EAST PINE STREET, SUITE 1400
 ORLANDO, FL 32801**

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 \$538.75
 Due by September 12, 2008**

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

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MBR Delete
 NAME NORTH BREVARD MEDICAL SUPPORT, INC.
 STREET ADDRESS 951 N. WASHINGTON AVENUE
 CITY-ST-ZIP TITUSVILLE, FL 32796

TITLE **MGRM** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE MBR Delete
 NAME SPACE COAST IMAGING VENTURES, LLC
 STREET ADDRESS 951 N. WASHINGTON AVENUE
 CITY-ST-ZIP TITUSVILLE, FL 32796

TITLE **MGR** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP


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 exemptions contained in Chapter 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: Christopher McAlpine **CHRISTOPHER MCALPINE, PRESIDENT 6/108**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/4/2008-90137-035-\$138.75-\$138.75

DOCUMENT # L05000108668					
1. Entry Name FLORIDA EAST COAST IMAGING, LLC					
Principal Place of Business 951 N. WASHINGTON AVENUE TITUSVILLE, FL 32796		Mailing Address 951 N. WASHINGTON AVENUE TITUSVILLE, FL 32796			
2. Principal Place of Business - No P.O. Box		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-3992257	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BOYLES, WILLIAM A 301 EAST PINE STREET, SUITE 1400 ORLANDO, FL 32801			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 occupy the offices of, registered agent.					
SIGNATURE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$638.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MBR NORTH-BREVARD MEDICAL SUPPORT, INC. 951 N. WASHINGTON AVENUE TITUSVILLE, FL 32796 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR SPACE COAST IMAGING VENTURES, LLC 951 N. WASHINGTON AVENUE TITUSVILLE, FL 32796 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO Box 6543 Titusville, FL 32782-6543		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 602, Florida Statutes.					
SIGNATURE: <u>Christopher McAlpine</u> Christopher McAlpine, President 4128108					

ATTACHMENT

30009227

MBR - incorrect
Should be either MGRM (managing member)
or
MGR (manager)