

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000108668

FILED
Apr 07, 2009
Secretary of State

Entity Name: FLORIDA EAST COAST IMAGING, LLC

Current Principal Place of Business:

951 N. WASHINGTON AVENUE
TITUSVILLE, FL 32796

New Principal Place of Business:

Current Mailing Address:

951 N. WASHINGTON AVENUE
TITUSVILLE, FL 32796

New Mailing Address:

FEI Number: 20-3992257

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYLES, WILLIAM A
301 EAST PINE STREET, SUITE 1400
ORLANDO, FL 32801 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: N. BREVARD MEDICAL SUPPORT INC
Address: 951 N. WASHINGTON AVENUE
City-St-Zip: TITUSVILLE, FL 32796

Title: MGR () Delete
Name: SPACE COAST IMAGING VENTURES LLC
Address: 951 N. WASHINGTON AVENUE
City-St-Zip: TITUSVILLE, FL 32796

ADDITIONS/CHANGES:

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

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: CHRISTOPHER MCALPINE

PRES

04/07/2009

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