
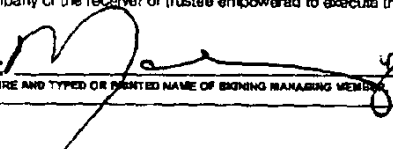


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000047613			
1. Entity Name IMAGING SPECIALISTS OF WEST BROWARD, LLC			
Principal Place of Business 8393 WEST OAKLAND PARK BLVD. SUNRISE, FL 33391		Mailing Address P.O. BOX 4393 ROANOKE, VA 24015	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		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	
CORPDIRECT AGENTS, INC. 515 EAST PARK AVE. TALLAHASSEE, FL 32301		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
B. 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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____			
FILE NOW!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	managing partner member <input checked="" type="checkbox"/> Delete Odyssey Imaging, LLC 1309 3rd St, S.W. Roanoke, VA 24016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	managing member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Atlantic Coast Radiology 8393 West Oakland Park Blvd Sunrise, FL 33391
TITLE NAME STREET ADDRESS CITY-ST-ZIP	managing member <input checked="" type="checkbox"/> Delete West Broward Testing Center, LLC 8393 West Oakland Park Blvd Sunrise, FL 33391	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800136100948 09/18/08--01039--010 **138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete Gastrocare Digestive Care, LLC 2902 N University DR FL 32065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		GRANT W. Kellings/manager 9/12/08 (540) 5163-9840	
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE DAYTIME PHONE #	

FILED
08 SEP 12 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07162008 Chg-LLC CR2E083 (12/05)

4. FEI Number Applied For Not Applicable

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

BK

FL

**FILE NOW!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

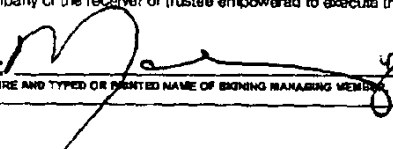
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SIGNATURE:  GRANT W. Kellings/manager 9/12/08 (540) 5163-9840

SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE DAYTIME PHONE #