

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000047613

FILED
Apr 27, 2009
Secretary of State

Entity Name: IMAGING SPECIALISTS OF WEST BROWARD, LLC

Current Principal Place of Business:

8393 WEST OAKLAND PARK BLVD.
SUNRISE, FL 33391

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4393
ROANOKE, VA 24015

New Mailing Address:

FEI Number: 61-1526200 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVE.
TALLAHASSEE, FL 32301 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: ATLANTIC COAST RADIOLOGY
Address: 8393 WEST OAKLAND PARK BLVD.
City-St-Zip: SUNRISE, FL 33391

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM () Change (X) Addition
Name: ODYSSEY IMAGING, LLC
Address: 1309 3RD ST., SW
City-St-Zip: ROANOKE, VA 24016

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: MARTIN HELLKAMP

MGRM

04/27/2009

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