

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000037500

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: A1 IMAGING OF ORMOND BEACH, LLC

**Current Principal Place of Business:**

2 NORTH TAMIAMI TRAIL, STE 800  
SARASOTA, FL 342365559

**New Principal Place of Business:**

2 NORTH TAMIAMI TRAIL  
SUITE 800  
SARASOTA, FL 342365559 US

**Current Mailing Address:**

2 NORTH TAMIAMI TRAIL, STE 800  
SARASOTA, FL 342365559

**New Mailing Address:**

2 NORTH TAMIAMI TRAIL  
SUITE 800  
SARASOTA, FL 342365559 US

FEI Number: 26-2563676

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PARACORP INCORPORATION  
236 EAST 6TH AVENUE  
TALLAHASSEE, FL 32303 US

**Name and Address of New Registered Agent:**

HOCK, RONALD G  
2 NORTH TAMIAMI TRAIL  
SUITE 800  
SARASOTA, FL 342365559 US

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: RONALD G. HOCK

04/16/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: AMBULATORY SERVICES CORPORATION  
Address: 100 BAYVIEW CIRCLE, SUITE 250  
City-St-Zip: NEWPORT BEACH, CA 92660

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: A1 IMAGING CENTERS LLC  
Address: 2 NORTH TAMIAMI TRAIL, SUITE 800  
City-St-Zip: SARASOTA, FL 342365559 US

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: RONALD G. HOCK

GC

04/16/2009

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