

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000108200

FILED  
Mar 25, 2011  
Secretary of State

**Entity Name:** OMEGA MEDICAL IMAGING, LLC

**Current Principal Place of Business:**

675 HICKMAN CIRCLE  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

675 HICKMAN CIRCLE  
SANFORD, FL 32771

**New Mailing Address:**

FEI Number: 27-3694578

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VENTURE MANAGEMENT GROUP, INC  
445 WEST DRIVE  
SUITE 104  
MELBOURNE, FL 32904 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  
Name: VENTURE MANAGEMENT GROUP INC  
Address: 445 WEST DRIVE SUITE 104  
City-St-Zip: MELBOURNE, FL 32904

Title: MGRM  
Name: FLEMING, BRIAN  
Address: 4095 CORTINA RD  
City-St-Zip: BALDWINVILLE, NY 13027

I hereby 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: KIMBERLY BROWN

CFO

03/25/2011

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