2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000003736

Entity Name: HEALTHCARE CORRECTIONS X-RAY, LLC

FILED Jan 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1194 TUMBLEWEED RUN TALLAHASSEE, FL 32311

Current Mailing Address: New Mailing Address:

1194 TUMBLEWEED RUN TALLAHASSEE, FL 32311

FEI Number: 58-2388352 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

MILLER, MIRANDA

2808 TRACY LYNN COURT

PANAMA CITY BEACH, FL 32405

US

MILLER, LORNE C

1194 TUMBLEWEED RUN

TALLAHASSEE, FL 32311

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: LORNE MILLER 01/16/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: () Change () Addition

 Name:
 MILLER, LORNE C
 Name:

 Address:
 1194 TUMBLEWEED RUN
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32311
 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: LORNE C. MILLER MGR 01/16/2009