2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 05, 2007
Secretary of State

DOCUMENT# L04000035062

Entity Name: MEDICAL IMAGING SPECIALISTS, LLC

Current Principal Place of Business:

7850 SW 20TH STREET
MIAMI, FL 33155 US

New Principal Place of Business:

409 COUNTRY MEADOWS WAY
BRADENTON, FL 34212 US

Current Mailing Address:

7850 SW 20TH STREET
MIAMI, FL 33155 US

New Mailing Address:

409 COUNTRY MEADOWS WAY
BRADENTON, FL 34212 US

FEI Number: 34-2001402 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CULLEN, JOHN T
7411 MIAMI LAKES DRIVE
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

CULLEN, JOHN T
12401 ORANGE DRIVE
SUITE 127
DAVIE, FL 33330 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: JOHN T. CULLEN 06/05/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SIMON, ARTURO
Address: 7850 SW 20TH STREET
City-St-Zip: MIAMI, FL 33155 US

Title: MGR ( ) Delete
Name: SIMON, BARBARA
Address: 7850 SW 20TH STREET
City-St-Zip: MIAMI, FL 33155 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SIMON, ARTURO
Address: 409 COUNTRY MEADOWS WAY
City-St-Zip: BRADENTON, FL 34212 US

Title: MGR (X) Change ( ) Addition
Name: SIMON, BARBARA
Address: 409 COUNTRY MEADOWS WAY
City-St-Zip: BRADENTON, FL 34212 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: ARTURO SIMON MGR 06/05/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date