

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000108200

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

**Current Principal Place of Business:**

675 HICKMAN CIRCLE  
SANFORD, FL 32771

**Current Mailing Address:**

675 HICKMAN CIRCLE  
SANFORD, FL 32771

**FEI Number: 27-3694578**

**Certificate of Status Desired: No**

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

VENTURE MANAGEMENT GROUP, INC  
445 WEST DRIVE  
SUITE 104  
MELBOURNE, FL 32904 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name VENTURE MANAGEMENT GROUP INC  
Address 445 WEST DRIVE SUITE 104  
City-State-Zip: MELBOURNE FL 32904

Title MGRM  
Name FLEMING, BRIAN  
Address 3328 OAKMONT TERRACE  
City-State-Zip: LONGWOOD FL 32779

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: KIMBERLY BROWN**

**CFO**

**02/12/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date