

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000000194

**FILED**  
**Feb 05, 2010**  
**Secretary of State**

**Entity Name:** DOCTORS IMAGING GROUP, LLC

**Current Principal Place of Business:**

6716 NW 11TH PLACE  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

**Current Mailing Address:**

6716 NW 11TH PLACE  
GAINESVILLE, FL 32605

**New Mailing Address:**

**FEI Number:** 59-3618240

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KIM, JONG H  
6716 NW 11TH PLACE  
GAINESVILLE, FL 32605 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: KIM, JONG H  
Address: 6716 NW 11TH PLACE  
City-St-Zip: GAINESVILLE, FL 32605

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: JONG H KIM

MGRM

02/05/2010

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