

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000003088

FILED  
Jan 09, 2009  
Secretary of State

Entity Name: BIDON MEDICAL IMAGING, LLC

## Current Principal Place of Business:

105 SOUTH NARCISSUS AVE., SUITE 408  
WEST PALM BEACH, FL 33401

## New Principal Place of Business:

105 SOUTH NARCISSUS AVE.  
SUITE 612  
WEST PALM BEACH, FL 33401

## Current Mailing Address:

105 SOUTH NARCISSUS AVE., SUITE 408  
WEST PALM BEACH, FL 33401

## New Mailing Address:

105 SOUTH NARCISSUS AVE.  
SUITE 612  
WEST PALM BEACH, FL 33401

FEI Number: 65-0993756

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HARVEY, DON S  
105 SOUTH NARCISSUS AVE., SUITE 408  
WEST PALM BEACH, FL 33401 US

## Name and Address of New Registered Agent:

HARVEY, DON S  
105 SOUTH NARCISSUS AVE.  
SUITE 612  
WEST PALM BEACH, FL 33401 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:

01/09/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: SANGER, WILLIAM A  
Address: 105 SOUTH NARCISSUS AVE., SUITE 408  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR ( ) Delete  
Name: HARVEY, DON S  
Address: 105 SOUTH NARCISSUS AVE., SUITE 408  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: SANGER, WILLIAM A  
Address: 105 SOUTH NARCISSUS AVE., SUITE 612  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR (X) Change ( ) Addition  
Name: HARVEY, DON S  
Address: 105 SOUTH NARCISSUS AVE., SUITE 612  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR ( ) Change (X) Addition  
Name: HECKENDORN, PHILIP B  
Address: 105 SOUTH NARCISSUS AVE., SUITE 612  
City-St-Zip: WEST PALM BEACH, FL 33401

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: PHILIP B. HECKENDORN

MGR

01/09/2009

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