

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000003088

FILED
Jan 19, 2010
Secretary of State

Entity Name: BIDON MEDICAL IMAGING, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

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

Title: MGR
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 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

01/19/2010

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