2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# L01000005319

Entity Name: ADVANCED IMAGING CENTER OF LEESBURG, LLC

Current Principal Place of Business:

211 N 1ST STREET
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

211 N 1ST STREET
LEESBURG, FL 34748

New Mailing Address:

FEI Number: 59-3710252 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ONEILL, MICHAEL P
211 N 1ST STREET
LEESBURG, FL 34748 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 ( ) Delete
Name: O'NEILL, MICHAEL P
Address: 725 LITTLE HAMPTON LANE
City-St-Zip: GOTHA, FL 34734

Title: MGRM ( ) Delete
Name: DOMSON, CHARLES
Address: PO BOX 705
City-St-Zip: CRYSTAL BEACH, FL 34681

Title: MGRM ( ) Delete
Name: LORD, JAYSON
Address: 404 S. TAMPANIA AVE UNIT B
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: DOMSON, CHARLES
Address: 5040 PORPOISE PLACE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MICHAEL P. O'NEILL MGRM 01/14/2009

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