

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000005378

FILED
Jul 09, 2008
Secretary of State

Entity Name: ACCU-SCAN IMAGING L.L.C.

Current Principal Place of Business:

5008 NW 10TH PL
GAINESVILLE, FL 32605

New Principal Place of Business:

111565 NW 20TH AV
GAINESVILLE, FL 32606

Current Mailing Address:

5008 NW 10TH PL
GAINESVILLE, FL 32605

New Mailing Address:

11156NW 20TH AV
GAINESVILLE, FL 32606

FEI Number: 59-3696591

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SANCHEZ, EDDIE O
5008 NW 10TH PL
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

SANCHEZ, EDDIE O
11156 NW 20TH AV
GAINESVILLE, FL 32606 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:

07/09/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: SANCHEZ, DEBORAH
Address: 5008 NW 10TH PL
City-St-Zip: GAINESVILLE, FL 32605

Title: VP () Delete
Name: SANCHEZ, EDDIE
Address: 5008 NW 10TH PL
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: SANCHEZ, DEBORAH
Address: 11156 NW 20TH AV
City-St-Zip: GAINESVILLE, FL 32606

Title: VP (X) Change () Addition
Name: SANCHEZ, EDDIE
Address: 11156 NW 20TH AV
City-St-Zip: GAINESVILLE, FL 32606

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: EDDIE O. SANCHEZ

VP

07/09/2008

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