## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L01000005484

Entity Name: ELITE IMAGING, LLC

Address:

City-St-Zip:

PO BOX 802431

AVENTURA, FL 33180

FILED Apr 12, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2845 AVENTURA BLVD SUITE 145 AVENTURA, FL 33180 **Current Mailing Address: New Mailing Address:** PO BOX 302431 PO BOX 802431 AVENTURA, FL 33180 AVENTURA, FL 33180 FEI Number: 65-1091915 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FILINGS, INC 3732 N.W. 16TH ST. FT LAUDERDALE, FL 33311 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM ( ) Delete Title: () Change () Addition SELECT MEDICAL GROUP, , LLC Name: Name: Address: PO BOX 802431 Address: City-St-Zip: AVENTURA, FL 33180 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: MAZ 18 HOLDINGS, INC, . Name: Address: 22 N. HIBISCUS DRIVE Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition OMEGA 44, INC., Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: MARK ZHUK MGR 04/12/2006