2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# L01000005484

Entity Name: ELITE IMAGING, LLC

Current Principal Place of Business:

2845 AVENTURA BLVD
SUITE 145
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

PO BOX 802431
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 65-1091915 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FILINGS, INC.
3732 N.W. 16TH ST.
FT LAUDERDALE, FL 33311 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:	SELECT MEDICAL GROUP, , LLC	
Address:	PO BOX 802431	
City-St-Zip:	AVENTURA, FL 33180	
Title:	MGRM	( ) Delete
Name:	MAZ 18 HOLDINGS, INC, .	
Address:	22 N. HIBISCUS DRIVE	
City-St-Zip:	MIAMI BEACH, FL 33139	
Title:	MGRM	( ) Delete
Name:	OMEGA 44, INC.,	
Address:	PO BOX 802431	
City-St-Zip:	AVENTURA, FL 33180	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: MARK ZHUK MP 01/16/2009

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