2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# L02000003841

Entity Name: DIAGNOSTIC IMAGING ASSOCIATES, L.L.C.

Current Principal Place of Business:

5000 UNIVERSITY DRIVE
CORAL GABLES, FL 33143

New Principal Place of Business:

4860 SW 72ND AVENUE
350
MIAMI, FL 33155 55

Current Mailing Address:

19410 40TH COURT
SUNNY ISLES BEACH, FL 33160

New Mailing Address:

FEI Number: 04-3602329 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THORPE, MICHAEL M.D.
5000 UNIVERSITY DRIVE
CORAL GABLES, FL 33143 US

Name and Address of New Registered Agent:

THORPE, MICHAEL M.D.
4860 SW 72ND AVENUE
350
MIAMI, FL 33155 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: MICHAEL THORPE 04/20/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: THORPE, MICHAEL M.D.
Address: 5000 UNIVERSITY DRIVE
City-St-Zip: CORAL GABLES, FL 33143

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: THORPE, MICHAEL M.D.
Address: 4860 SW 72ND AVENUE
City-St-Zip: MIAMI, FL 33155

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 THORPE MEM 04/20/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date