2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006290

Name:

Address:

City-St-Zip:

EDWARD, ROBERGE

FORT LAUDERDALE, FL 33312

4436 SW 26TH AVE

Entity Name: FLORIDA IMAGING EXPERTS, LLC

FILED Jul 09, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 825 NW 57TH CT FORT LAUDERDALE, FL 33309 **Current Mailing Address: New Mailing Address:** 825 NW 57TH CT FORT LAUDERDALE, FL 33309 FEI Number: 04-3621730 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KING, JAMES L KING, JAMES L 2208 W RIVER DRIVE 4600 CEDARHILL ROAD MARGATE, FL 33063 US COCONUT CREEK, FL 33066 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: ADDITIONS/CHANGES: MGRM Title: MGRM () Delete (X) Change () Addition KING, JAMES Ĺ KING, JAMES L Name: Name: Address: 2208 W RIVER DRIVE Address: 4600 CEDARHILL ROAD City-St-Zip: MARGATE, FL 33063 City-St-Zip: COCONUT CREEK, FL 33066 Title: MGR () Delete Title: () Change () Addition Name: SMITH, WILLIAM Name: Address: 7993 S.W. 185TH TERRACE Address: City-St-Zip: MIAMI, FL 33190 City-St-Zip: Title: MGR () Delete Title: () Change () Addition FREUDENBERG, C.J. Name: Name: 3114 DRYER AVE SW Address: Address: City-St-Zip: LARGO, FL 33770 City-St-Zip: Title: MGR () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES KING MR. 07/09/2008