2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# L02000014104

Entity Name: IMAGING INVESTMENT GROUP, L.L.C.

Current Principal Place of Business:

3725 11TH CIRCLE
A-103
VERO BEACH, FL 32960

New Principal Place of Business:

3725 11TH CIRCLE
VERO BEACH, FL 32960

Current Mailing Address:

3725 11TH CIRCLE
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 46-0498857 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOYCE, PETER H
3725 11TH CIRCLE
VERO BEACH, FL 32960 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:	JOYCE, PETER H MD	
Address:	3725 11TH CIRCLE	
City-St-Zip:	VERO BEACH, FL 32960	
Title:	MGRM	( ) Delete
Name:	BISSET, ROBERT R MD	
Address:	3725 11TH CIRCLE	
City-St-Zip:	VERO BEACH, FL 32960	
Title:	MGRM	( ) Delete
Name:	COLELLA, JAY P MD	
Address:	3725 11TH CIRCLE	
City-St-Zip:	VERO BEACH, FL 32960	
Title:	MGRM	( ) Delete
Name:	NAGEL, HEATHER S MD	
Address:	3725 11TH CIRCLE	
City-St-Zip:	VERO BEACH, FL 32960	
Title:	MGRM	( ) Delete
Name:	PUSKAR, GEORGER T MD	
Address:	3725 11TH CIRCLE	
City-St-Zip:	VERO BEACH, FL 32960	
Title:	MGRM	( ) Delete
Name:	WEEKS, MARGARET W MD	
Address:	3725 11TH CIRCLE	
City-St-Zip:	VERO BEACH, FL 32960	

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:	
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: PETER H. JOYCE, M.D. MGRM 04/02/2009

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