AMENDED

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
03 DEC 24 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000025770

1. Entity Name
U.S. IMAGING SOLUTIONS, LLC

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6500 N.W. 21st Avenue	6500 N.W. 21st Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Lauderdale, FL	City & State: Fort Lauderdale, FL
Zip: 33309 Country: USA	Zip: 33309 Country: USA

4. FEI Number: 13-4228749 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Sean C. Guerin

Street Address (P.O. Box Number is Not Acceptable): 6500 N.W. 21st Avenue

City: Fort Lauderdale FL Zip Code: 33309

8. 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. I am familiar with and accept the obligations of registered agent.

SIGNATURE: _____ DATE
Signature, typed or printed name of registered agent and title if applicable

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Guerin, Sean C. 6500 N.W. 21st Avenue Fort Lauderdale, FL 33309
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Gernert, Frank E. 6500 N.W. 21st Avenue Fort Lauderdale, FL 33309
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Sikes, Britt 6500 N.W. 21st Avenue Fort Lauderdale, FL 33309
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Hudson, Steve 6500 N.W. 21st Avenue Fort Lauderdale, FL 33309
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Henninger, Bob 6500 N.W. 21st Avenue Fort Lauderdale, FL 33309

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800025755638
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO NOT WRITE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	IN THIS SPACE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2003
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VDR

CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____ Sean C. Guerin, Manager 12/23/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CSC

CORPORATION SERVICE COMPANY™

L02000025770

ACCOUNT NO. : 072100000032

REFERENCE : 374267 4331939

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 50.00

FILED
03 DEC 24 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : December 23, 2003

ORDER TIME : 9:55 AM

ORDER NO. : 374267-005

CUSTOMER NO: 4331939

CUSTOMER: Ms. Suzanne S. Killeen
Greenberg Traurig, P.a.
401 East Las Olas Boulevard
Ste 2000
Fort Lauderdale, FL 33301

RECEIVED
03 DEC 24 AM 10:56
DIVISION OF CORPORATION

ANNUAL REPORT FILING

NAME: U.S. IMAGING SOLUTIONS, LLC

XX___ ANNUAL REPORT - AMENDED

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX_____ PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret-EXT#2949

EXAMINER'S INITIALS: _____