

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000000989

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** NEW SMYRNA IMAGING LLC

**Current Principal Place of Business:**

405 3RD STREET  
NEW SMYRNA BEACH, FL 32169

**New Principal Place of Business:**

**Current Mailing Address:**

405 3RD STREET  
NEW SMYRNA BEACH, FL 32169

**New Mailing Address:**

**FEI Number:** 03-0509169

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BHAVSAR, GIFFORD & HAGOOD  
1053 MAITLAND CENTER COMMONS  
SUITE 101  
MAITLAND, FL 32751 US

**Name and Address of New Registered Agent:**

HAGOOD & GARVEY  
1053 MAITLAND CENTER COMMONS  
SUITE 101  
MAITLAND, FL 32751 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: PETER HAGOOD

04/26/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DBS INC.  
Address: 5051 SE GREAT POCKET TRAIL  
City-St-Zip: STUART, FL 34997

Title: MGRM  
Name: RADIOLOGY PARTNERS LLC  
Address: 2862 SE MONROE STREET  
City-St-Zip: STUART, FL 34997

I hereby 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 HAGOOD

MGR

04/26/2011

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