

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009214

**FILED**  
**Jan 14, 2009**  
**Secretary of State**

**Entity Name:** SIGNET DIAGNOSTIC IMAGING SERVICES (NORTH FLORIDA), LLC

**Current Principal Place of Business:**

991 STEWART AVENUE  
BETHPAGE, NY 11714

**New Principal Place of Business:**

560 SOUTH BROADWAY  
HICKSVILLE, NY 11801

**Current Mailing Address:**

991 STEWART AVENUE  
BETHPAGE, NY 11714

**New Mailing Address:**

560 SOUTH BROADWAY  
HICKSVILLE, NY 11801

FEI Number: 04-3747138

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GELFAND, MARK E ESQ.  
8300 W. SUNRISE BLVD.  
PLANTATION, FL 33322 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: DIAGNOSTIC IMAGING G, ROUP LLC  
Address: 991 STEWART AVENUE  
City-St-Zip: BETHPAGE, NY 11714

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DIAGNOSTIC IMAGING G, ROUP LLC  
Address: 560 SOUTH BROADWAY  
City-St-Zip: HICKSVILLE, NY 11801

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: NITIN DOSHI

MGR

01/14/2009

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