

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000009214

**FILED  
Jan 04, 2011  
Secretary of State**

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

**Current Principal Place of Business:**

560 SOUTH BROADWAY  
HICKSVILLE, NY 11801

**New Principal Place of Business:**

**Current Mailing Address:**

560 SOUTH BROADWAY  
HICKSVILLE, NY 11801

**New Mailing Address:**

**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  
**Name:** DIAGNOSTIC IMAGING GROUP LLC  
**Address:** 560 SOUTH BROADWAY  
**City-St-Zip:** HICKSVILLE, NY 11801

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: NITIN DOSHI      MGRM      01/04/2011

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