


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90054 034 \*\*\*\*50.00

<b>DOCUMENT # L03000009305</b>	
1. Entity Name <b>DIMENSIONS IMAGING SERVICES, LLC</b>	

Principal Place of Business <b>950 S. TAMiami TR., STE #102 SARASOTA, FL 34236</b>	Mailing Address <b>950 S. TAMiami TR., STE #102 SARASOTA, FL 34236</b>
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**20000717**

2. Principal Place of Business <b>950 So. TAMiami TRAIL</b> Suite, Apt. #, etc. <b>SUITE 104</b> City & State <b>SARASOTA FL</b> Zip <b>34236</b> Country <b>USA</b>	3. Mailing Address <b>950 So. TAMiami TRAIL</b> Suite, Apt. #, etc. <b>SUITE 104</b> City & State <b>SARASOTA FL</b> Zip <b>34236</b> Country <b>USA</b>
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01032005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>20-0132457</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>WISNER, K. ROBERT 950 S. TAMiami TRAIL, SUITE 102 SARASOTA, FL 34236</b>	
7. Name and Address of New Registered Agent Name <b>THOMAS M. HARTNETT</b> Street Address (P.O. Box Number is Not Acceptable) <b>950 So. TAMiami TRAIL, SUITE 104</b> City <b>SARASOTA</b> State <b>FL</b> Zip Code <b>34236</b>	

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 Thomas M. Hartnett (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUGINO, CARL F 450 S. TAMiami TR, SUITE 102 SARASOTA, FL 34236 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CLEGG, MARTIN J. 950 So. TAMiami TRAIL, SUITE 104 SARASOTA, FL 34236 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARBETT, LINDA 950 So. TAMiami TRAIL, SUITE 104 SARASOTA, FL 34236 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARTNETT, THOMAS M. 950 So. TAMiami TRAIL, SUITE 104 SARASOTA, FL 34236 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Thomas M. Hartnett 1/4/05 941-955-2885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #