2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

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FILED Jul 06, 2007 Secretary of State

Entity Name: WEST COAST IMAGING PARTNERS, L.L.C.

BLANKENSHIP, HOWARD K DR

4102 CAUSEWAY VISTA DR

TAMPA, FL 33615

Name: Address:

City-St-Zip:

Current Principal Place of Business: New Principal Place of Business: 10010 NORTH DALE MABRY HWY 150 TAMPA, FL 33618 **Current Mailing Address: New Mailing Address:** 10010 NORTH DALE MABRY HWY TAMPA, FL 33618 FEI Number: 20-0058145 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GASSMAN, ALAN WEST COAST IMAGING PARTNERS 1245 COURT STREET, SUITE 102 1001 NORTH DALE MABRY HWY CLEARWATER, FL 33756 SUITE 150 TAMPA, FL 33618 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: DR. ALAN COUSIN 07/06/2007 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete COUSIN, ALAN J DR Name: Name: Address: 4111 HIGHLAND PARK CIRCLE Address: City-St-Zip: LUTZ, FL 33558 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition COTTON, ERIC K DR Name: Name: Address: 1106 ABBEYS WAY Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: Title: MGR () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: DR. ALAN COUSIN MGR 07/06/2007