

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000023085

FILED  
Feb 27, 2008  
Secretary of State

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

**Current Principal Place of Business:**

10010 NORTH DALE MABRY HWY  
150  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

10010 NORTH DALE MABRY HWY  
150  
TAMPA, FL 33618

**New Mailing Address:**

FEI Number: 20-0058145

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WEST COAST IMAGING PARTNERS  
1001 NORTH DALE MABRY HWY  
SUITE 150  
TAMPA, FL 33618 US

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

ALAN, COUSIN J MGR  
1001 NORTH DALE MABRY HWY  
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: ALAN J COUSIN, MD

02/27/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: COUSIN, ALAN J DR  
Address: 4111 HIGHLAND PARK CIRCLE  
City-St-Zip: LUTZ, FL 33558 US

Title: MGR ( ) Delete  
Name: COTTON, ERIC K DR  
Address: 1106 ABBEYS WAY  
City-St-Zip: TAMPA, FL 33602

Title: MGR ( ) Delete  
Name: BLANKENSHIP, HOWARD K DR  
Address: 4102 CAUSEWAY VISTA DR  
City-St-Zip: TAMPA, FL 33615

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ALAN COUSIN

MGR

02/27/2008

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