

# 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

08 DEC 29 AM 8:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900139337279

12/30/08--01001--023 \*\*50.00



12232008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L03000028742	
1. Entity Name MIDTOWN IMAGING, LLC	



Principal Place of Business 5405 OKEECHOBEE BLVD. SUITE 100, 101 AND 301A WEST PALM BEACH, FL 33417 US	Mailing Address 5405 OKEECHOBEE BLVD. SUITE 100, 101 AND 301A WEST PALM BEACH, FL 33417 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-0132586	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  JOHNSON, KEVIN G CFO 5405 OKEECHOBEE BOULEVARD SUITE 101 WEST PALM BEACH, FL 33417	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Amended AR is \$50.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURKE, ROBERT D DR. 844 HARBOUR ISLES PLACE NORTH PALM BEACH, FL 33410 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WARD, NATHAN 180 ROYAL PALM WAY, #203 PALM BEACH, FL 33480 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/P/S Brad Peters 6 Corporate Center Drive, Suite 101 Melville, NY 11747 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Kevin Johnson 5405 Okeechobee Boulevard, Suite 101 West Palm Beach, FL 33417 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO Rich Demaio 6 Corporate Center Drive, Suite 101 Melville, NY 11747 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Xavier Rodrigo 6 Corporate Center Drive, Suite 101 Melville, NY 11747 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sole Member Health Diagnostics Holdings of Florida, LLC 6 Corporate Center Drive, Suite 101 Melville, NY 11747 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 exemptions contained in Chapter 119, 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: Xam 12/29/08 Date: 12/29/08 Daytime Phone # \_\_\_\_\_