

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000040352

Entity Name: PARAMOUNT IMAGING, LLC

**FILED**  
**Apr 05, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

14025 RIVEREDGE DRIVE  
SUITE 550  
TAMPA, FL 33637

**New Principal Place of Business:**

16105 N FLORIDA AVE.  
SUITE A  
LUTZ, FL 33549

**Current Mailing Address:**

16105 NORTH FLORIDA AVENUE, SUITE A  
LUTZ, FL 33549

**New Mailing Address:**

16105 N FLORIDA AVE.  
SUITE A  
LUTZ, FL 33549

FEI Number: 20-1957473

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WRIGHT, GARY W  
16105 NORTH FLORIDA AVENUE, SUITE A  
LUTZ, FL 33549 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: MGR  
Name: GARY, WRIGHT W  
Address: 16105 N FLORIDA AVE STE A  
City-St-Zip: LUTZ, FL 33549 US

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: GARY. W. WRIGHT

MGRM

04/05/2012

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