

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000052567

FILED
Aug 02, 2007
Secretary of State

Entity Name: ADVANCED DIAGNOSTIC IMAGING PROFESSIONAL SERVICES, P.L.L.C.

Current Principal Place of Business:

2650 NORTH MILITARY TRAIL
FOUNTAIN SQUARE II, SUITE 140
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

7426 FLORANADA WAY
DELRAY BEACH, FL 33446 US

New Mailing Address:

2650 NORTH MILITARY TRAIL
SUITE 140
BOCA RATON, FL 33431 US

FEI Number: 25-1906658 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FAGIEN, MICHAEL
16563 WHITE ORCHID LANE
DELRAY BEACH, FL 33446 US

Name and Address of New Registered Agent:

FAGIEN, MICHAEL
2650 NORTH MILITARY TRAIL
SUITE 140
BOCA RATON, FL 33431 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:

08/02/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FAGIEN, MICHAEL
Address: 7456 FLORANADA WAY
City-St-Zip: DELRAY BEACH, FL 33446

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FAGIEN, MICHAEL
Address: 2650 NORTH MILITARY TRAIL
City-St-Zip: BOCA RATON, FL 33431

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: MICHAEL FAGIEN

MGR

08/02/2007

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