

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000054315

FILED
Apr 25, 2008
Secretary of State

Entity Name: THE IMAGING SPECIALISTS GROUP, LLC

Current Principal Place of Business:

7539 N.W. 52ND STREET
MIAMI, FL 33166

New Principal Place of Business:

10505 NW 27TH STREET
SUITE 1
MIAMI, FL 33172

Current Mailing Address:

7539 N.W. 52ND STREET
MIAMI, FL 33166

New Mailing Address:

10505 NW 27TH STREET
SUITE 1
MIAMI, FL 33172

FEI Number: 20-0573977

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATRIUM REGISTERD AGENTS, INC.
1500 SAN REMO AVE., SUITE 125
CORAL GABLES, FL 33146 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: MGRM () Delete
Name: ASOMANI CORPORATION,
Address: 7539 N.W. 52ND STREET
City-St-Zip: MIAMI, FL 33166

Title: MGR () Delete
Name: WINZEY, JAMES
Address: 7539 N.W. 52ND STREET
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ASOMANI CORPORATION,
Address: 10505 NW 27TH STREET, SUITE 1
City-St-Zip: MIAMI, FL 33172

Title: MGR (X) Change () Addition
Name: WINZEY, JAMES
Address: 10505 NW 27TH ST. , SUITE 1
City-St-Zip: MIAMI, FL 33172

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: JAMES WINZEY

MGR

04/25/2008

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