2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# L04000005992

Entity Name: PALM BEACH INSTITUTE IMAGING, LLC

Current Principal Place of Business:

C/O 7000 WEST PALMETTO PARK ROAD
SUITE 310
BOCA RATON, FL 33433 US

New Principal Place of Business:

2320 S. SEACREST BLVD
SUITE 300
BOYNTON BEACH, FL 33435 US

Current Mailing Address:

C/O 7000 WEST PALMETTO PARK ROAD
SUITE 310
BOCA RATON, FL 33433 US

New Mailing Address:

2320 S. SEACREST BLVD
SUITE 300
BOYNTON BEACH, FL 33435 US

FEI Number: 20-0671208 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORRIS, STUART R ESQ
7000 WEST PALMETTO PARK ROAD
SUITE 310
BOCA RATON, FL 33433 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: ARMAS, ARMANDO MD
Address: 2320 S. SEACREST BLVD. SUITE 300
City-St-Zip: BOYNTON BEACH, FL 33435 US

Title: MGRM ( ) Delete
Name: MEIRI, EYAL MD
Address: 2320 S. SEACREST BLVD SUITE 300
City-St-Zip: BOYNTON BEACH, FL 33435 US

ADDITIONS/CHANGES:

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: EYAL MEIRI MD MGRM 04/24/2008

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