2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2009
Secretary of State

DOCUMENT# L04000010431

Entity Name: EAST CENTRAL FLORIDA OUTPATIENT IMAGING, LLC

Current Principal Place of Business:

1673 MASON AVE, STE 305
DAYTONA BEACH, FL 32115

New Principal Place of Business:

Current Mailing Address:

PO BOX 31
DAYTONA BEACH, FL 32115

New Mailing Address:

FEI Number: 20-0702282 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEAN MEAD SERVICES, LLC
800 N MAGNOLIA AVE, STE 1500
ORLANDO, FL 32803 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: RADIOLOGY IMAGING AS, SOC, LLLP
Address: 1673 MASON AVE, STE 305
City-St-Zip: DAYTONA BEACH, FL 32117

Title: MGR ( ) Delete
Name: ATLANTIC EAST COAST, IMAGING, LLC.
Address: P.O. BOX 2830
City-St-Zip: DAYTONA BEACH, FL 321202830

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: MELVIN STONE, MD MGRM 03/13/2009

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