

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000020421

FILED
Apr 06, 2005
Secretary of State

Entity Name: THE MEDICAL IMAGING PROFESSIONALS, LLC

Current Principal Place of Business:

220 NEW GATE LOOP
HEATHROW, FL 32746

New Principal Place of Business:

1000 WATERMAN WAY
TAVARES, FL 32778

Current Mailing Address:

220 NEW GATE LOOP
HEATHROW, FL 32746

New Mailing Address:

POST OFFICE BOX 295
TAVARES, FL 32778

FEI Number: 35-2222722

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, RICHARD M
301 E. PINE STREET, STE. 1400
ORLANDO, FL 32801 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/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: WITTENSTEIN, FRED S M.D.
Address: 220 NEW GATE LOOP
City-St-Zip: HEATHROW, FL 32746

Title: MGR () Change (X) Addition
Name: SIEGEL, MARC F M.D.
Address: 701 CLUB RIDGE CT.
City-St-Zip: LONGWOOD, FL 32779

Title: MGR () Change (X) Addition
Name: SIMON, JONATHAN M M.D.
Address: 1734 GRAY STONE CT.
City-St-Zip: LONGWOOD, FL 32779

Title: MGR () Change (X) Addition
Name: KARLINSKY, PAUL R M.D.
Address: 1527 ST. EDMUNDS PLACE
City-St-Zip: HEATHROW, FL 32746

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: FRED S. WITTENSTEIN, M.D.

MGRM

04/06/2005

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