2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2008
Secretary of State

DOCUMENT# L04000020421

Entity Name: THE MEDICAL IMAGING PROFESSIONALS, LLC

Current Principal Place of Business:

1000 WATERMAN WAY
RM 1409
TAVARES, FL 32778

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 295
TAVARES, FL 32778

New Mailing Address:

FEI Number: 35-2227227 **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/MANAGERS:

Title:	MGRM	( ) Delete
Name:	WITTENSTEIN, FRED S M.D.	
Address:	220 NEW GATE LOOP	
City-St-Zip:	HEATHROW, FL 32746	
Title:	MGR	( ) Delete
Name:	SIEGEL, MARC F M.D.	
Address:	701 CLUB RIDGE CT.	
City-St-Zip:	LONGWOOD, FL 32779	
Title:	MGR	( ) Delete
Name:	SIMON, JONATHAN M M.D.	
Address:	1734 GREY STONE CT.	
City-St-Zip:	LONGWOOD, FL 32779	
Title:	MGR	( ) Delete
Name:	KARLINSKY, PAUL R M.D.	
Address:	1527 ST. EDMUNDS PLACE	
City-St-Zip:	HEATHROW, FL 32746	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: JONATHAN SIMON MGR 04/02/2008

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