

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000020421

FILED
Apr 17, 2009
Secretary of State

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:

SCHICK, DAVID
301 E. PINE STREET, STE. 1400
ORLANDO, FL 32801 US

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: DAVID SCHICK

04/17/2009

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: FRED S WITTENSTEIN

MGRM

04/17/2009

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