

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000020421

FILED
Feb 09, 2012
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:

1000 WATERMAN WAY
RM 1409
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:

WITTENSTEIN, FRED S MD
1000 WATERMAN WAY
RM 1409
TAVARES, FL 32778 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
Name: WITTENSTEIN, FRED S M.D.
Address: 220 NEW GATE LOOP
City-St-Zip: HEATHROW, FL 32746

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

Title: MGR
Name: SIMON, JONATHAN M M.D.
Address: 1734 GREY STONE CT.
City-St-Zip: LONGWOOD, FL 32779

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

I hereby 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

02/09/2012

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