

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052443

FILED
Feb 12, 2006
Secretary of State

Entity Name: AK MEDICAL IMAGING, L.L.C.

Current Principal Place of Business:

2413 MOUNTAIN ASH WAY
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

P. O. BOX 4053
HOL, FL 346924053

Current Mailing Address:

2413 MOUNTAIN ASH WAY
NEW PORT RICHEY, FL 34655

New Mailing Address:

P. O. BOX 4053
HOLIDAY, FL 346924053

FEI Number: 35-2235370

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUMAR, ALKA MD
2413 MOUNTAIN ASH WAY
NEW PORT RICHEY, FL 34655 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: KUMAR, ALKA MD
Address: 2413 MOUNTAIN ASH WAY
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ALKA KUMAR

MGR

02/12/2006

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