

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052443

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

FILED
Jan 17, 2007
Secretary of State

Current Principal Place of Business:

P. O. BOX 4053
HOL, FL 346924053

New Principal Place of Business:

P. O. BOX 4053
HOLIDAY, FL 346924053

Current Mailing Address:

P. O. BOX 4053
HOLIDAY, FL 346924053

New Mailing Address:

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:

KUMAR, ALKA
2413 MOUNTAIN ASH WAY
NEW PORT RICHEY, FL 34655 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: ALKA KUMAR

01/17/2007

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: MGRM (X) Change () Addition
Name: KUMAR, ALKA
Address: 2413 MOUNTAIN ASH WAY
City-St-Zip: NEW PORT RICHEY, FL 34655

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

01/17/2007

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