

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052443

**FILED
Apr 11, 2010
Secretary of State**

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

Current Principal Place of Business:

P. O. BOX 4053
HOLIDAY, FL 346924053

New Principal Place of Business:

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

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: AK _____ MGR _____ 04/11/2010

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