

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054340

Entity Name: MOBILE MEDICAL IMAGING, LLC

FILED
Mar 11, 2005
Secretary of State

Current Principal Place of Business:

4003 W SAN LUIS STREET
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

4003 W SAN LUIS STREET
TAMPA, FL 33629

New Mailing Address:

FEI Number: 20-1394242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLANAGAN, BRIAN E
4003 W SAN LUIS STREET
TAMPA, FL 33629 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/MEMBERS:

Title: MGR () Delete
Name: FARJA, MIKE
Address: 1314 FAIRFAX CIRCLE EAST
City-St-Zip: BOYNTON BEACH, FL 33436

Title: MGR () Delete
Name: PONCY, MORGAN
Address: 6 NEW SEABURY CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FARAH, MIKE
Address: 1314 FAIRFAX CIRCLE EAST
City-St-Zip: BOYNTON BEACH, FL 33436

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 Section 119.07(3)(i), 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: BRIAN FLANAGAN

MGR

03/11/2005

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