2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000056325

1. Entity Name **IMAGING TEKNIX, LLC**



FILED Jan 09, 2008 08:00 AN Secretary of State

Principal Place of Business

4251 MANGRUM COURT HOLLYWOOD, FL 33021 Mailing Address 4251 MANGRUM COURT HOLLYWOOD, FL 33021



01042008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number 87-0729899	 	plied For Applicable
5.	Certificate of Status Desired	\$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

	ERBERT L IGRUM COURT DOD, FL 33021		DO NOT WRITE IN THIS SPACE		
	named entity submits this statement for the purpose of chanions of registered agent.	iging its registered office or registered agent, or both, i	n the State of Fiorida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE. Registered Agent signature required when reinstating)	DATE		
FILE After May	NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	0	U00000776842 1/09/08-80041-001 143.75		
9.	MANAGING MEMBERS/MANAGERS				
TITLE	MGRM				
NAME	SHICK, HERBERT L MD				
STREET ADDRESS CITY+ST-ZIP	4251 MANGRUM COURT HOLLYWOOD, FL 33021				
	HOLLIVYOOD, FL 93021				
TITLE Name		-			
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
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CITY-ST-ZIP			IOI WRITE		
TITLE		INI TI	HIS SPACE		
NAME			III TIIIO OFACE		
STREET ADDRESS					

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 employment to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MLE NAME STREET ADDRESS