

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066573

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** ADVANCED IMAGING OF PORT CHARLOTTE, LLC

**Current Principal Place of Business:**

2625 TAMIAMI TRAIL  
SUITE 1  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

2625 TAMIAMI TRAIL  
SUITE 1  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

**FEI Number:** 20-1656873      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AEBEL, ERIN S ESQUIRE  
SHUMAKER, LOOP & KENDRICK, LLP  
101 E. KENNEDY BOULEVARD, SUITE 2800  
TAMPA, FL 33602 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:** MGR  
**Name:** FABIAN, THOMAS M DR.  
**Address:** 4520 GRASSY POINT BLVD.  
**City-St-Zip:** PORT CHARLOTTE, FL 33952 US

**Title:** MGRM  
**Name:** KMH HEALTH INC.  
**Address:** 2625 TAMIAMI TR.  
**City-St-Zip:** PORT CHARLOTTE, FL 33952

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: THOMAS FABIAN

MGR

02/07/2012

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