
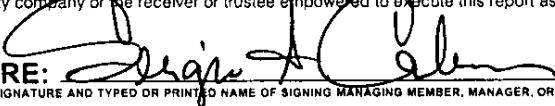


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90049 050 \*\*\*138.75

|  |  |                     |  |  |  |
|--|--|---------------------|--|--|--|
| <b>DOCUMENT # L04000079535</b><br>1. Entity Name<br><b>KENDALL ADVANCED LIFE IMAGING, LLC</b>  |  |                     |  |   |  |
| Principal Place of Business<br><b>9280 SW 72 STREET<br/>STE 102<br/>MIAMI, FL 33173 US</b>   |  |                     | Mailing Address<br><b>9280 SW 72 STREET<br/>MIAMI, FL 33173 US</b> |  |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address  |  |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc. |  |  |  |
| City & State   |  | City & State        |  |  |  |
| Zip  | Country  | Zip                 | Country  | 4. FEI Number<br><b>30-0280934</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |                     |  | Applied For<br>Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CABERA, SERGIO F<br/>9280 SW 72 STREET<br/>MIAMI, FL 33173</b>   |  |                     |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.  |  |                     |  |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |                     |  |  |  |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>  |  |                     | <b>Make check payable to<br/>Florida Department of State</b>       |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |                     | <b>10. ADDITIONS/CHANGES</b>                                       |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGR<br>CABRERA, SERGIO F<br>9280 SW 72 STREET<br>MIAMI, FL 33173 <input type="checkbox"/> Delete |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 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 empowered to execute this report as required by Chapter 606, Florida Statutes. |  |                     |  |  |  |
| <b>SIGNATURE:</b>   |  |                     | Date <b>4/25/08</b> Daytime Phone #                                |  |  |

60030351



02122008 Chg-LLC CR2E083 (12/06)

**\$5.00** Additional  
Fee Required