

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000080477

FILED
Oct 15, 2007
Secretary of State

Entity Name: FAMILY IMAGING CENTER OF WELLINGTON, LLC

Current Principal Place of Business:

9050 PINES BOULEVARD, SUITE 200
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

9050 PINES BOULEVARD, SUITE 200
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 13-4293032

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERICAN INFORMATION SERVICES, INC.
ONE SOUTHEAST THIRD AVENUE, 28TH FL
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

STRUB, DAN
9050 PINES BLVD
SUITE 200
PEMBROKE PINES, FL 33024 US

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: DAN STRUB

10/15/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SKORUPA, SCOTT MD
Address: 9050 PINES BLVD, SUITE 200
City-St-Zip: PEMBROKE PINES, FL 33024

Title: MGR () Delete
Name: STRUB, DAN
Address: 9050 PINES BLVD, SUITE 200
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DAN STRUB

MGR

10/15/2007

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