

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000080477

FILED
Jan 30, 2008
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:

STRUB, DAN
9050 PINES BLVD
SUITE 200
PEMBROKE PINES, FL 33024 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 () 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

CAO

01/30/2008

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