FILED
Jul 23, 2007 08:00 AM
Secretary of State

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000082593

1. Entity Name
WELLINGTON FAMILY IMAGING INVESTMENT, LLC

Principal Place of Business	Mailing Address
9050 PINES BOULEVARD, SUITE 200 PEMBROKE PINES, FL 33024	9050 PINES BOULEVARD, SUITE 200 PEMBROKE PINES, FL 33024

DO NOT WRITE IN THIS SPACE

07032007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
83-0418387
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 14, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SKORUPA, SCOTT MD
STREET ADDRESS	9050 PINES BLVD STE 200
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	MGR
NAME	STRUB, DAN
STREET ADDRESS	9050 PINES BLVD STE 200
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/23/07-80007-003 50.00

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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 608, Florida Statutes.

SIGNATURE: ✓ _____ ✓ 7/15/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #