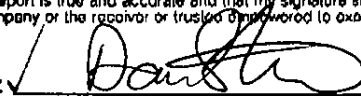


FILED
Jul 23, 2007 08:00 AM
Secretary of State

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000082593		
1. Entity Name WELLINGTON FAMILY IMAGING INVESTMENT, LLC		
Principal Place of Business 9050 PINES BOULEVARD, SUITE 200 PEMBROKE PINES, FL 33024		Mailing Address 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		DO NOT WRITE IN THIS SPACE
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's signature is required when reappointing) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.		
* Filing Fee is \$50.00 Due by September 14, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SKORUPA, SCOTT MD 9050 PINES BLVD STE 200 PEMBROKE PINES, FL 33024	DO NOT WRITE IN THIS SPACE U000000770047 07/23/07-80007-008 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STRUB, DAN 9050 PINES BLVD STE 200 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		
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 #		