

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082593

FILED
Jan 30, 2008
Secretary of State

Entity Name: WELLINGTON FAMILY IMAGING INVESTMENT, 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: 83-0418387

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

STRUB, DAN CAO
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, CAO

01/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

Title: MGR () Delete
Name: STRUB, DAN
Address: 9050 PINES BLVD STE 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