

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000087705

**FILED**  
**Apr 30, 2008**  
**Secretary of State**

**Entity Name:** FLORIDA HEALTH IMAGING GROUP LLC

**Current Principal Place of Business:**

521 WEST FORT ISLAND TRAIL  
SUITE A, PLANTATION POINTE  
CRYSTAL RIVER, FL 34429 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 641443  
BEVERLY HILLS, FL 34464 US

**New Mailing Address:**

**FEI Number:** 72-1589106

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** (X)

**Name and Address of Current Registered Agent:**

CLARDY, JOHN S III  
521 WEST FORT ISLAND TRAIL  
PLANTATION POINTE, SUITE A  
CRYSTAL RIVER, FL 34429 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:** MGRM ( ) Delete  
**Name:** SANON, ASHISH  
**Address:** PO BOX 641443  
**City-St-Zip:** BEVERLY HILLS, FL 34464 US

**ADDITIONS/CHANGES:**

**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:** ASHISH SANON

MGRM

04/30/2008

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