

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000001213

FILED
Jan 27, 2009
Secretary of State

Entity Name: DORAL IMAGING INSTITUTE, LLC.

Current Principal Place of Business:

7775 NW 48 STREET
SUITE 150
DORAL, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

7775 NW 48 STREET
SUITE 150
DORAL, FL 33166 US

New Mailing Address:

FEI Number: 75-3178149

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BETANCOURT & MENA, P.A.
19 WEST FLAGLER STREET
SUITE 720
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

CORPDIRECT AGENTS, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: KATIE WONSCH, ASSISTANT SECRETARY

01/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GIL DE MONTES, ALBERTO D SR.
Address: 7775 NW 48 STREET, STE 150
City-St-Zip: DORAL, FL 33166 US

Title: MGRM () Delete
Name: VIVAR, VIANA E
Address: 7775 NW 48 STREET, STE 150
City-St-Zip: DORAL, FL 33166 US

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: VIANA VIVAR

MGRM

01/27/2009

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