

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000001213

FILED  
May 01, 2010  
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 ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

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

CORRADA, ALBERT CPA  
2655 LEJEUNE ROAD  
SUITE 902  
CORAL GABLES, FL 33134 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: ALBERT CORRADA

05/01/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

I hereby 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

MGR

05/01/2010

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