

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000010690

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** MEDICAL IMAGING SOLUTIONS, LLC

**Current Principal Place of Business:**

201 8TH ST SOUTH SUITE 207  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

201 8TH ST SOUTH SUITE 207  
NAPLES, FL 34102

**New Mailing Address:**

**FEI Number:** 05-0615506

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VEGA, JOHN G  
201 8TH ST SOUTH SUITE 207  
NAPLES, FL 34102 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: MGR  
Name: HUSSEY, FRANCES D JR  
Address: 201 8TH ST SOUTH SUITE 207  
City-St-Zip: NAPLES, FL 34102

Title: MGRM  
Name: HUSSEY, SEAN M  
Address: 201 8TH ST SOUTH SUITE 207  
City-St-Zip: NAPLES, FL 34102

Title: MGRM  
Name: VEGA, JOHN G  
Address: 201 8TH ST SOUTH SUITE 207  
City-St-Zip: NAPLES, FL 34102

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: JOHN G. VEGA

MGMR

04/27/2011

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