

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000013759

FILED  
Mar 16, 2006  
Secretary of State

Entity Name: ADVANCED MEDICAL IMAGING LLC

## Current Principal Place of Business:

5926 OXFORD MOOR BLVD  
WINDERMERE, FL 34786 US

## New Principal Place of Business:

## Current Mailing Address:

5926 OXFORD MOOR BLVD  
WINDERMERE, FL 34786 US

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SCHMIDT, FELIX D SR  
5926 OXFORD MOOR BLVD  
WINDERMERE, FL 34786 US

## Name and Address of New Registered Agent:

SCHMIDT, FELIX D DR  
5926 OXFORD MOOR BLVD  
WINDERMERE, FL 34786 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: DR. FELIX R. SCHMIDT

03/16/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: SCHMIDT, FELIX D SR  
Address: 5926 OXFORD MOOR  
City-St-Zip: WINDERMERE, FL 34786 US

Title: MGRM ( ) Delete  
Name: PIZARRO, CLIMACO J SR  
Address: 19621 COUNTY RD 455  
City-St-Zip: CLERMONT, FL 34715 US

Title: MGRM ( ) Delete  
Name: GRANDONE, WANDA M SR  
Address: 5926 OXFORD MOOR BLVD  
City-St-Zip: WINDERMERE, FL 34786 US

Title: MGRM ( ) Delete  
Name: TAWIL, RAHME A SR  
Address: 19621 COUNTY ROAD 455  
City-St-Zip: CLERMONT, FL 34715 US

## ADDITIONS/CHANGES:

Title: PRE (X) Change ( ) Addition  
Name: SCHMIDT, FELIX D DR  
Address: 5926 OXFORD MOOR  
City-St-Zip: WINDERMERE, FL 34786 US

Title: MGRM (X) Change ( ) Addition  
Name: PIZARRO, CLIMACO J MR  
Address: 19621 COUNTY RD 455  
City-St-Zip: CLERMONT, FL 34715 US

Title: MGRM (X) Change ( ) Addition  
Name: GRANDONE, WANDA M MRS  
Address: 5926 OXFORD MOOR BLVD  
City-St-Zip: WINDERMERE, FL 34786 US

Title: MGR (X) Change ( ) Addition  
Name: RODRIGUEZ, PAUL D MR  
Address: 6131 METROWEST BLVD.  
City-St-Zip: ORLANDO, FL 32835

I hereby certify that the information supplied with this filing does not qualify for the 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: DR. FELIX R SCHMIDT

PRE

03/16/2006

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