2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000048849

1. Entity Name
INVERNESS IMAGING CENTER, LLC

Principal Place of Business	Mailing Address
2105 STATE RD 44W INVERNESS, FL 34452	POB 2698 WINDERMERE, FL 34786

DO NOT WRITE IN THIS SPACE

01172007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
86-1139019
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

NELSON, JOHN A
2218 HIGHWAY 44 WEST
INVERNESS, FL 34453

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	WEAVER, ROBERT R III
STREET ADDRESS	4309 S. BLUE WATER POINT
CITY-ST-ZIP	HOMOSASSA, FL 34448
TITLE	MGR
NAME	DEGIROLAMI, RICHARD
STREET ADDRESS	7459 S.E. 12TH CIRCLE
CITY-ST-ZIP	OCALA, FL 33480
TITLE	MGR
NAME	ZACHAR, CHUCK
STREET ADDRESS	2100 S. BORDER AVE.
CITY-ST-ZIP	IVERNESS, FL 34452
TITLE	MGR
NAME	HERRON, MICHAEL K
STREET ADDRESS	1132 S.E. KINGS BAY DRIVE
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/25/07-80008-020 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: R D Degirolami 1/18/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #