2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2008 08:00 A
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

01222008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000803208
02/05/08-80016-012 138.75

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	

DO NOT WRITE IN THIS SPACE

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. DeGirolami 1/23/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #