

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000052252

**FILED**  
**Mar 12, 2012**  
**Secretary of State**

**Entity Name:** PREMIER DIAGNOSTIC IMAGING SERVICES, LLC

**Current Principal Place of Business:**

3595 WEST 20TH AVENUE  
145  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 126718  
HIALEAH, FL 33012

**New Mailing Address:**

**FEI Number:** 81-0672340

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MENESES, RAUL E  
12661 NW 99 PLACE  
HIALEAH GARDENS, FL 33018 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:** MGRM  
**Name:** MENESES, RAUL E  
**Address:** 12661 NW 99 PLACE  
**City-St-Zip:** HIALEAH GARDENS, FL 33018

**Title:** MGRM  
**Name:** MENESES, RAFAEL D  
**Address:** 12661 NW 99 PLACE  
**City-St-Zip:** HIALEAH GARDENS, FL 33018

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:** RAUL E MENESES

MGRM

03/12/2012

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