

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000062499

FILED
Apr 02, 2009
Secretary of State

Entity Name: ELITE IMAGING AVENTURA, LLC

Current Principal Place of Business:

2999 N.E. 191ST STREET
103
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 802431
AVENTURA, FL 33280

New Mailing Address:

FEI Number: 20-3067079

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZHUK, MARK
2999 N.E. 191ST STREET
103
AVENTURA, FL 33180 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 () Delete
Name: SELECT MEDICAL GROUP, , LLC
Address: 2999 NE 191ST STREET #406
City-St-Zip: AVENTURA, FL 33180

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: MAZ 18 HOLDINGS, INC., .
Address: 22 N. HIBISCUS DRIVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM () Change (X) Addition
Name: OMEGA 44, INC.,
Address: P.O. BOX 970516
City-St-Zip: COCONUT CREEK, FL 33097

I hereby certify that the information supplied with this filing does not qualify 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: MARK ZHUK

MP

04/02/2009

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