

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000088469

FILED
Apr 30, 2010
Secretary of State

Entity Name: COCONUT GROVE IMAGING, LLC

Current Principal Place of Business:

160 NW 170TH ST.
NORTH MIAMI, FL 33169

New Principal Place of Business:

160 NW 170TH ST.
DEPARTMENT OF RADIOLOGY
NORTH MIAMI, FL 33169

Current Mailing Address:

PO BOX 530675.
MIAMI, FL 33153

New Mailing Address:

PO BOX 530675.
MIAMI SHORES, FL 33153

FEI Number: 20-3498367

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GROPPER, ADAM S MD
6103 AQUA AVE.
SUITE 506
MIAMI BEACH, FL 33141 US

Name and Address of New Registered Agent:

GROPPER, ADAM S MD
160 NW 170TH ST
DEPARTMENT OF RADIOLOGY
NORTH MIAMI, FL 33169 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: ADAM S. GROPPER, MD

04/30/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: GROPPER, ADAM S M.D.
Address: PO BOX 530675
City-St-Zip: MIAMI SHORES, FL 33153

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: ADAM S. GROPPER, MD

MGRM

04/30/2010

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