

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000101393

FILED
Apr 03, 2007
Secretary of State

Entity Name: ADVANCED PROSTATE IMAGING SERVICES, LLC

Current Principal Place of Business:

2625 TAMIAMI TRAIL, UNIT 6
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

2625 TAMIAMI TRAIL, UNIT 6
PORT CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: 20-3642633

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REISCHMANN, MICHAEL J
2625 TAMIAMI TRAIL, UNIT 6
PORT CHARLOTTE, FL 33952 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: MGR () Delete
Name: ONIK, GARY
Address: 400 CELEBRATION PLACE SUITE A280
City-St-Zip: CELEBRATION, FL 34747

Title: MGR () Delete
Name: MTL INVESTMENTS, LLC,
Address: PO BOX 494661
City-St-Zip: PORT CHARLOTTE, FL 33949

Title: MGR () Delete
Name: FABIAN, THOMAS
Address: 2625 TAMIAMI TR.
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL REISCHMANN

MGRM

04/03/2007

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