

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000000025

FILED
Apr 26, 2006
Secretary of State

Entity Name: IMAGING REAL ESTATE ONE, LLC

Current Principal Place of Business:

801 E. DIXIE AVENUE, SUITE 104
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

801 E. DIXIE AVENUE, SUITE 104
LEESBURG, FL 34748

New Mailing Address:

FEI Number: 20-4025314

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHICK, DAVID L
301 EAST PINE STREET, SUITE 1400
ORLANDO, FL 32801 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: () Delete
Name:
Address:
City-St-Zip:

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

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

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: LEVINE, MICHAEL S MD
Address: 801 E DIXIE AVE SUITE 104
City-St-Zip: LEESBURG, FL 34748

Title: MGR () Change (X) Addition
Name: KELLER, CATHRINE E MD
Address: 801 E DIXIE AVE SUITE 104
City-St-Zip: LEESBURG, FL 34748

Title: MGR () Change (X) Addition
Name: DAVID, WEYN C MD
Address: 801 E DIXIE AVE SUITE 104
City-St-Zip: LEESBURG, FL 34748

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: CATHRINE E KELLER, MD

MGR

04/26/2006

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