

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000000025

**FILED**  
**Apr 30, 2012**  
**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:**

PO BOX 491633  
LEESBURG, FL 347491633 US

**New Mailing Address:**

**FEI Number:** 20-4025314

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SCHICK, DAVID L  
200 SOUTH ORANGE AVENUE  
SUITE 2300  
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:** MGR  
**Name:** WEYN, DAVID C MD  
**Address:** 801 E DIXIE AVE SUITE 104  
**City-St-Zip:** LEESBURG, FL 34748

**Title:** MGR  
**Name:** GURINSKY, JOSEPH S MD  
**Address:** 801 E DIXIE AVE SUITE 104  
**City-St-Zip:** LEESBURG, FL 34748

**Title:** MGR  
**Name:** SCHWARTZBERG, MARC S MD  
**Address:** 801 E DIXIE AVE SUITE 104  
**City-St-Zip:** LEESBURG, FL 34748

**Title:** MGR  
**Name:** KELLER, CATHRINE E MD  
**Address:** 801 E DIXIE AVE SUITE 104  
**City-St-Zip:** LEESBURG, FL 34748 US

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:** CATHRINE E KELLER MD

MGR

04/30/2012

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