
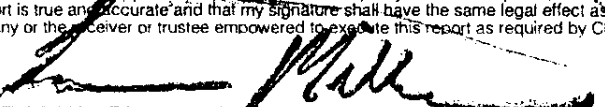


FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90039 050 ****50.00

| | | | | | |
|--|-----------------------|---|---|---|-------------|
| DOCUMENT # L06000000720 | | | |  | |
| 1. Entity Name HEALTHCARE CORRECTIONS & X-RAY, LLC | | | | | |
| Principal Place of Business 1194 TUMBLEWEED RUN TALLAHASSEE, FL 32311 | | | Mailing Address 107 CRESTVIEW DRIVE SYLVESTER, GA 31791 | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| | | | | Country | |
| 4. FEI Number 20-4051716 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| MILLER, LORNE C 1194 TUMBLEWEED RUN TALLAHASSEE, FL 32311 | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | | |
| | | | | City | FL Zip Code |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by September 14, 2007 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | | |
| TITLE | MGRM | <input type="checkbox"/> Delete | | | |
| NAME | MILLER, LORNE C | | | | |
| STREET ADDRESS | 1194 TUMBLEWEED RUN | | | | |
| CITY- ST- ZIP | TALLAHASSEE, FL 32311 | | | | |
| TITLE | | <input type="checkbox"/> Delete | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY- ST- ZIP | | | | | |
| TITLE | | <input type="checkbox"/> Delete | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY- ST- ZIP | | | | | |
| TITLE | | <input type="checkbox"/> Delete | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY- ST- ZIP | | | | | |
| TITLE | | <input type="checkbox"/> Delete | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY- ST- ZIP | | | | | |
| TITLE | | <input type="checkbox"/> Delete | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY- ST- ZIP | | | | | |
| 10. ADDITIONS/CHANGES | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY- ST- ZIP | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY- ST- ZIP | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY- ST- ZIP | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY- ST- ZIP | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY- ST- ZIP | | | | | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | |
| Date _____ Daytime Phone # _____ | | | | | |