2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# L06000007047

Entity Name: INVERNESS MEDICAL IMAGING, LLC

Current Principal Place of Business:

2105 STATE RD. 44W
INVERNESS, FL 34452

New Principal Place of Business:

2105 HIGHWAY 44W
INVERNESS, FL 34452

Current Mailing Address:

2105 STATE RD. 44W
INVERNESS, FL 34452

New Mailing Address:

2105 HIGHWAY 44W
INVERNESS, FL 34452

FEI Number: 41-2194857 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NELSON, JOHN A ESQ.
2218 HIGHWAY 44 WEST
INVERNESS, FL 34453 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: WEAVER, ROBERT R III
Address: 4309 S. BLUE WATER POINT
City-St-Zip: HOMOSASSA, FL 34448

Title: MGR ( ) Delete
Name: DEGIROLAMI, RICHARD
Address: 7459 S.E. 12TH CIRCLE
City-St-Zip: OCALA, FL 34480

Title: MGR ( ) Delete
Name: ZACHAR, CHUCK
Address: 2100 S. BORDER AVE.
City-St-Zip: INVERNESS, FL 34452

Title: MGR ( ) Delete
Name: HERRON, MICHAEL K
Address: 1132 S.E. KINGS BAY DRIVE
City-St-Zip: OCALA, FL 34429

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:

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

I hereby certify that the information supplied with this filing does not qualify 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: JOHN ERLER MGR 01/08/2009

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