

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000007047

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** INVERNESS MEDICAL IMAGING, LLC

**Current Principal Place of Business:**

2105 HIGHWAY 44W  
INVERNESS, FL 34452

**New Principal Place of Business:**

**Current Mailing Address:**

2105 HIGHWAY 44W  
INVERNESS, FL 34452

**New Mailing Address:**

**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:**

NELSON, ERLER K MANAGER  
2218 HIGHWAY 44 WEST  
INVERNESS, FL 34453 US

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: JOHN ERLER

01/05/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: WEAVER, ROBERT R III  
Address: 4309 S. BLUE WATER POINT  
City-St-Zip: HOMOSASSA, FL 34448

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

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

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

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: CHUCK ZACHAR

MGR

01/05/2010

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