

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000007047

FILED
Jan 31, 2011
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, ERLER K MANAGER
2218 HIGHWAY 44 WEST
INVERNESS, FL 34453 US

Name and Address of New Registered Agent:

ERLER, JOHN 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

01/31/2011

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: JOHN ERLER

MANA

01/31/2011

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