

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000007047

**FILED**  
**Jan 04, 2012**  
**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:**

ERLER, JOHN K MANAGER  
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  
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

01/04/2012

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