

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000060559

FILED
Feb 16, 2007
Secretary of State

Entity Name: HEALTH IMAGING SERVICES, LLC

Current Principal Place of Business:

6315 NW 120TH DRIVE
CORAL SPRINGS, FL 33076

New Principal Place of Business:

Current Mailing Address:

% ATER REGISTERED AGENTS, LLC
2601 SOUTH BAYSHORE DRIVE, STE. 700
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATER REGISTERED AGENTS, LLC
2601 S. BAYSHORE DRIVE, STE. 700
COCONUT GROVE, FL 33133 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: BARDALES, RAMON
Address: 6315 NW 120TH DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: MGR () Delete
Name: LIERA, RUBEN
Address: 9390 SW 117TH TERRACE
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES:

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 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: RUBEN LLERA

CFO

02/16/2007

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