2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000060559

Entity Name: HEALTH IMAGING SERVICES, LLC

FILED Apr 16, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6315 NW 120TH DRIVE CORAL SPRINGS, FL 33076

Current Mailing Address: New Mailing Address:

% ATER REGISTERED AGENTS, LLC
2601 SOUTH BAYSHORE DRIVE, STE. 700
COCONUT GROVE, FL 33133
6315 NW 120TH DRIVE
CORAL SPRINGS, FL 33076

FEI Number: 20-5037800 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ATER REGISTERED AGENTS, LLC

2601 S. BAYSHORE DRIVE, STE. 700

COCONUT GROVE, FL 33133 US

LLERA, RUBEN
7867 NORTH KENDALL DRIVE
SUITE 120
MIAMI, FL 33156 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: RUBEN LLERA 04/16/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: () Change () Addition

 Name:
 BARDALES, RAMON
 Name:

 Address:
 6315 NW 120TH DRIVE
 Address:

 City-St-Zip:
 CORAL SPRINGS, FL 33076
 City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

 Name:
 LIERA, RUBEN
 Name:

 Address:
 9390 SW 117TH TERRACE
 Address:

 City-St-Zip:
 MIAMI, FL 33176
 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: RUBEN LLERA CFO 04/16/2008