

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000060559

**FILED**  
**Jan 22, 2010**  
**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:**

313 WEST BASS STREET  
KISSIMMEE, FL 34741

**Current Mailing Address:**

6315 NW 120TH DRIVE  
CORAL SPRINGS, FL 33076

**New Mailing Address:**

7867 NORTH KENDALL DRIVE  
MIAMI, FL 33156

**FEI Number:** 20-5037800

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LLERA, RUBEN  
7867 NORTH KENDALL DRIVE  
SUITE 120  
MIAMI, FL 33156 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:** BARDALES, RAMON  
**Address:** 6315 NW 120TH DRIVE  
**City-St-Zip:** CORAL SPRINGS, FL 33076

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

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:** RUBEN LLERA

MGRM

01/22/2010

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