

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000064846

FILED
May 05, 2010
Secretary of State

Entity Name: THE MEDICAL IMAGING PARTNERSHIP-JAX1, LLC

Current Principal Place of Business:

7860 GATE PARKWAY
SUITE 123-128
JACKSONVILLE, FL 32256

New Principal Place of Business:

7860 GATE PARKWAY
SUITE 123
JACKSONVILLE, FL 32256

Current Mailing Address:

7860 GATE PARKWAY
SUITE 123-128
JACKSONVILLE, FL 32256

New Mailing Address:

7860 GATE PARKWAY
SUITE 123
JACKSONVILLE, FL 32256

FEI Number: 20-5147377 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BRUST, STEVEN
50 N LAURA STREET
#2600
JACKSONVILLE, FL 32256 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: HAMMOND, JAMES D
Address: 7860 GATE PARKWAY #123
City-St-Zip: JACKSONVILLE, FL 32256

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: JAMES D. HAMMOND

MGR

05/05/2010

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