2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2011
Secretary of State

DOCUMENT# L06000064846

Entity Name: THE MEDICAL IMAGING PARTNERSHIP-JAX1, LLC

Current Principal Place of Business:

7860 GATE PARKWAY
SUITE 123
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

7860 GATE PARKWAY
SUITE 123
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 20-5147377 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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 Statues.

SIGNATURE: JAMES D. HAMMOND MGR 04/28/2011

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