

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000091667

FILED
Mar 24, 2009
Secretary of State

Entity Name: STEVENS & STEVENS IMAGING SOLUTIONS, LLC

Current Principal Place of Business:

1111 W. CASS ST
STE A
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 388
PINELLAS PARK, FL 33780

New Mailing Address:

FEI Number: 20-5583527

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVENS, RHETT
111 W. CASS ST
STE A
TAMPA, FL 33606 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: MGRM (X) Delete
Name: SHREIFF, BRETT
Address: 1504 LINDEN AVE
City-St-Zip: NASHVILLE, TN 37212

Title: MGR () Delete
Name: STEVENS, R. MARSHALL
Address: 1059 42ND AVE NE
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: MGR () Delete
Name: STEVENS, RHETT W
Address: 1054 6TH AVE NE #527
City-St-Zip: SAINT PETERSBURG, FL 33701

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: STEVENS, R. MARSHALL
Address: 1059 42ND AVE NE
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: () Change () Addition
Name:
Address:
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: R MARSHALL STEVENS

MGRM

03/24/2009

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