

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L06000092052

**FILED**  
**Nov 29, 2011**  
**Secretary of State**

**Entity Name:** THE INSTITUTE OF VOLUMETRIC IMAGING LLC

**Current Principal Place of Business:**

316 GROVELAND STREET  
ORLANDO, FL 32804

**New Principal Place of Business:**

1008 WILLA SPRINGS DRIVE  
SUITE 110  
WINTER SPRINGS, FL 32708

**Current Mailing Address:**

316 GROVELAND STREET  
ORLANDO, FL 32804

**New Mailing Address:**

1008 WILLA SPRINGS DRIVE  
SUITE 110  
WINTER SPRINGS, FL 32708

**FEI Number:** 20-2441765

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C & C CORPORATE HOLDING GROUPS INC.  
316 GROVELAND STREET  
ORLANDO, FL 32804 US

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

C & C CORPORATE HOLDING GROUP, INC.  
1008 WILLA SPRINGS DRIVE  
SUITE 110  
WINTER SPRINGS, FL 32708 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: MARIA C OSPINA ARBELAEZ

11/29/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: DP  
Name: C & C CORPORATE HOLDING GROUP, INC.  
Address: 1008 WILLA SPRINGS DRIVE, STE 110  
City-St-Zip: WINTER SPRINGS, FL 32708

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: MARIA C OSPINA ARBELAEZ

D,P

11/29/2011

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