2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 27, 2007
Secretary of State

DOCUMENT# L06000098022

Entity Name: PHYSICIANS IMAGING CENTER OF FLORIDA, LLC

Current Principal Place of Business:

4251 MANGRUM COURT
HOLLYWOOD, FL 33021

New Principal Place of Business:

3800 JOHNSON STREET
B
HOLLYWOOD, FL 33021

Current Mailing Address:

4251 MANGRUM COURT
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 41-2218841 **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:

SCHNEIDER, REUBEN M
18851 N.E. 29TH AVENUE
SUITE 406
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

SHICK, HERBERT L MD
4251 MANGRUM COURT
HOLLYWOOD, FL 33021 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: HERBERT L. SHICK, MD 08/27/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SHICK, HERBERT L MD
Address: 4251 MANGRUM COURT
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGR ( ) Delete
Name: SHICK, ROLLA I
Address: 4251 MANGRUM COURT
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES:

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

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: HERBERT L. SHICK, MD MGRM 08/27/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date