2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# L06000098022

Entity Name: PHYSICIANS IMAGING CENTER OF FLORIDA, LLC

Current Principal Place of Business:

3800 JOHNSON STREET
B
HOLLYWOOD, FL 33021

New Principal Place of Business:

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)**

Name and Address of Current Registered Agent:

SHICK, HERBERT L MD
4251 MANGRUM COURT
HOLLYWOOD, FL 33021 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 ( ) 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 MGR 04/26/2009

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