

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000059566

FILED  
Jan 24, 2008  
Secretary of State

Entity Name: COLLEGE OF MEDICAL IMAGING, LLC

**Current Principal Place of Business:**

405 PARK AVENUE  
NEW YORK, NY 10022

**New Principal Place of Business:**

405 PARK AVENUE  
501  
NEW YORK, NY 10022

**Current Mailing Address:**

405 PARK AVENUE  
NEW YORK, NY 10022

**New Mailing Address:**

405 PARK AVENUE  
501  
NEW YORK, NY 10022

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331 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 ( ) Delete  
Name: HAGGERTY, THOMAS  
Address: 405 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10022

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HAGGERTY, THOMAS  
Address: 405 PARK AVENUE, SUITE 501  
City-St-Zip: NEW YORK, NY 10022

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: THOMAS J. HAGGERTY

PRES

01/24/2008

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