

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000059566

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: COLLEGE OF MEDICAL IMAGING, LLC

**Current Principal Place of Business:**

405 PARK AVENUE  
501  
NEW YORK, NY 10022

**New Principal Place of Business:**

**Current Mailing Address:**

405 PARK AVENUE  
501  
NEW YORK, NY 10022

**New Mailing Address:**

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:**

VIDAL, KARYN  
5150 LINTON BLVD  
DELRAY BEACH, FL 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: KARYN VIDAL

03/24/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

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: THOMAS HAGGERTY

PRES

03/24/2009

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