

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000104392

FILED
May 29, 2008
Secretary of State

Entity Name: PHYSICIAN & IMAGING NETWORK GROUP, LLC

Current Principal Place of Business:

601 NE 36TH ST
APT 3004
MIAMI, FL 33137 US

New Principal Place of Business:

Current Mailing Address:

601 NE 36TH ST
APT 3004
MIAMI, FL 33137 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

WEISS, RACHELLE H
601 NE 36TH STREET
#3004
MIAMI, FL 33137 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: RACHELLE WEISS

05/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WEISS, RACHELLE
Address: 601 NE 36TH ST APT 3004
City-St-Zip: MIAMI, FL 33137 US

Title: MGRM () Delete
Name: IMAGING NETWORK GROU, P, INC.
Address: 601 NE 36TH ST APT 3004
City-St-Zip: MIAMI, FL 33137 US

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: RACHELLE WEISS

MGR

05/29/2008

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