

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000104392

FILED  
Mar 31, 2009  
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 ( )**

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

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

MGRM

03/31/2009

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