

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000104634

Entity Name: 441 IMAGING LLC

FILED
Apr 28, 2010
Secretary of State

Current Principal Place of Business:

3347 STATE ROAD 7
SUITE 200
WELLINGTON, FL 33449

New Principal Place of Business:

Current Mailing Address:

PO BOX 561
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 26-1255765

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHARMA, SHEKHAR V MD
3347 STATE ROAD 7
SUITE 200
WELLINGTON, FL 33449 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
Name: SHARMA, SHEKHAR MD
Address: 3347 STATE ROAD 7, SUITE 200
City-St-Zip: WELLINGTON, FL 33449

Title: MGRM
Name: GUNAWARDENE, ISHAN MD
Address: 3347 STATE ROAD 7, SUITE 206
City-St-Zip: WELLINGTON, FL 33449

Title: MGRM
Name: VENUGOPAL, CHANDRA MD
Address: 3347 STATE ROAD 7, SUITE 203
City-St-Zip: WELLINGTON, FL 33449

Title: MGRM
Name: VEDERE, AMAR MD
Address: 3347 STATE ROAD 7, SUITE 203
City-St-Zip: WELLINGTON, FL 33449

Title: MGRM
Name: ROSS, COHEN MD
Address: 3347 STATE ROAD 7, SUITE 203
City-St-Zip: WELLINGTON, FL 33449

I hereby 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: SHEKHAR V SHARMA MD

MGRM

04/28/2010

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