

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000104634

Entity Name: 441 IMAGING LLC

FILED  
Apr 16, 2012  
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:**

3347 STATE ROAD 7  
SUITE 200  
WELLINGTON, FL 33449

**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: SHEKHARVSHARMA

MGRM

04/16/2012

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