

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000107775

FILED
Apr 23, 2009
Secretary of State

Entity Name: DIAGNOSTIC MEDICAL IMAGING, LLC

Current Principal Place of Business:

2170 W 68 ST
A 1-2
HIALEAH, FL 33016 US

New Principal Place of Business:

2170 W 68 ST
101
HIALEAH, FL 33016 US

Current Mailing Address:

2170 W 68 ST
A 1-2
HIALEAH, FL 33016 US

New Mailing Address:

2170 W 68 ST
101
HIALEAH, FL 33016 US

FEI Number: 26-1288029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUSMAN, MARK
12740 COUNTRY SIDE TR
COOPER CITY, FL 33330 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: MACHADO, DENIS
Address: 5200 SW 113 AVE
City-St-Zip: DAVIE, FL 33330 US

Title: MGRM () Delete
Name: MACHADO, SOLANGIE
Address: 5200 SW 113 AVE
City-St-Zip: DAVID, FL 33330 US

Title: MGRM () Delete
Name: VILARINO, ANTONIO
Address: 5870 SW 76 AVE
City-St-Zip: DAVID, FL 33328 US

Title: MGRM () Delete
Name: VILARINO, RAMON
Address: 502 MILITARY TRAIL
City-St-Zip: WEST PALM BEACH, FL 33415 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SOLANGIE MACHADO

MGRM

04/23/2009

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