

2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000114526

FILED
Nov 08, 2010
Secretary of State**Entity Name:** GLOBAL DIAGNOSTIC IMAGING ASSOCIATES, LLC**Current Principal Place of Business:**1495 WEST 49 STREET
HIALEAH, FL 33012 US**New Principal Place of Business:**14462 COMMERCE WAY
MIAMI LAKES, FL 33016 US**Current Mailing Address:**1495 WEST 49 STREET
HIALEAH, FL 33012 US**New Mailing Address:**14462 COMMERCE WAY
MIAMI LAKES, FL 33016 US**FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GLOBAL DIAGNOSTIC IMAGING & RADIOLOGY
1495 WEST 49 STREET
HIALEAH, FL 33012 US**Name and Address of New Registered Agent:**FERNANDEZ, ERIC MD
14462 COMMERCE WAY
MIAMI LAKES, FL 33016 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: ERIC FERNANDEZ, MD

11/08/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: GLOBAL DIAGNOSTIC IMAGING & RADIOLOGY, LLC
Address: 14462 COMMERCE WAY
City-St-Zip: MIAMI LAKES, FL 33016 US

Title: MGRM
Name: ALONSO, ALEX MD
Address: 14462 COMMERCE WAY
City-St-Zip: MIAMI LAKES, FL 33016

Title: MGRM
Name: MARTINEZ, ROBERT MD
Address: 14462 COMMERCE WAY
City-St-Zip: MIAMI LAKES, FL 33016

Title: MGRM
Name: FERNANDEZ, ERIC MD
Address: 14462 COMMERCE WAY
City-St-Zip: MIAMI LAKES, FL 33016

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: GLOBAL DIAGNOSTIC IMAGING & RADIOLOGY, LLC

MGRM

11/08/2010

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