2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L07000120072

Entity Name: THE MEDICAL IMAGING PARTNERSHIP ADMINISTRATIVE SERVICES, LLC

Current Principal Place of Business:

7860 GATE PARKWAY, STE 123-128
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

7860 GATE PARKWAY, STE 123-128
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LEVKOFF, STEPHEN
7860 GATE PARKWAY, STE 123-128
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

BRUST, STEVEN
50 N LAURA STREET
#2600
JACKSONVILLE, FL 32202 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: STEVEN BRUST 04/29/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: LEVKOFF, J. STEPHEN
Address: 7860 GATE PARKWAY, SUITE 123-128
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: HAMMOND, JAMES D
Address: 7860 GATE PARKWAY, SUITE 123-128
City-St-Zip: JACKSONVILLE, FL 32256

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: JAMES D. HAMMOND MGR 04/29/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date