# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 29, 2008**
**Secretary of State**

DOCUMENT# L07000124289

**Entity Name:** WOMEN'S IMAGING CENTER, L.L.C.

**Current Principal Place of Business:**

2120 LAKELAND HILLS BLVD.
LAKELAND, FL 33805

**New Principal Place of Business:**

**Current Mailing Address:**

2120 LAKELAND HILLS BLVD.
LAKELAND, FL 33805

**New Mailing Address:**

**FEI Number: 11-3830047** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOPPE, JOHN D
225 E. LEMON STREET, SUITE 300
LAKELAND, FL 33801 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: D ( ) Change (X) Addition
Name: GOODEMOTE, EDWARD J MEMBER
Address: 2120 LAKELAND HILLS BLVD
City-St-Zip: LAKELAND, FL 338052906 US

Title: D ( ) Change (X) Addition
Name: HENRICKS, BRET D MEMBER
Address: 2120 LAKELAND HILLS BLVD
City-St-Zip: LAKELAND, FL 338052906 US

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: EDWARD J. GOODEMOTE D 04/29/2008

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