

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000004962

**FILED**  
**Feb 28, 2009**  
**Secretary of State**

**Entity Name:** QUANTUM DIAGNOSTIC IMAGING REPAIR, LLC

**Current Principal Place of Business:**

6409 SKYLER JEAN DRIVE  
JACKSONVILLE, FL 32244

**New Principal Place of Business:**

**Current Mailing Address:**

6409 SKYLER JEAN DRIVE  
JACKSONVILLE, FL 32244

**New Mailing Address:**

FEI Number: 35-2321788      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

SUGGS, ANTRON SENTELL  
6409 SKYLER JEAN DRIVE  
JACKSONVILLE, FL 32244      US

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

SUGGS, ANTRON S  
6409 SKYLER JEAN DRIVE  
JACKSONVILLE, FL 32244      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: ANTRON SUGGS

02/28/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SUGGS, ANTRON SENTELL  
Address: 6409 SKYLER JEAN DRIVE  
City-St-Zip: JACKSONVILLE, FL 32244

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SUGGS, ANTRON S  
Address: 6409 SKYLER JEAN DRIVE  
City-St-Zip: JACKSONVILLE, FL 32244

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: ANTRON SUGGS

MGRM

02/28/2009

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