2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000017078

1535 LONG POND DRIVE

VALRICO, FL 33594

Address:

City-St-Zip:

Entity Name: ACTIVE DIAGNOSTIC IMAGING L.L.C.

FILED Jan 28, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3110 WEST GRAY ST. TAMPA, FL 33609 **Current Mailing Address: New Mailing Address:** 3110 WEST GRAY ST. TAMPA, FL 33609 FEI Number: 26-2010528 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VILLEGAS, ANA 2510 WEST FIG ST. TAMPA, FL 33609 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete VILLEGAS, JESSICA Name: Name: Address: 3110 WEST GRAY ST. Address: City-St-Zip: TAMPA, FL 33609 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition RODRIQUEZ, MILAGROS Name: Name: Address: 6590 27TH WAY NORTH Address: City-St-Zip: ST. PETERSBURG, FL 33702 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition MAULA, REGINA Name: Name: 330 WEST FERN STREET Address: Address: City-St-Zip: TAMPA, FL 33604 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: LACEY, SANDRA Name:

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.

Address:

City-St-Zip:

SIGNATURE: JESSICA VILLEGAS MGRM 01/28/2009