2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L08000041144

Entity Name: MY MED IMAGE, LLC

Current Principal Place of Business:

199 OCEAN LANE DRIVE
SUITE 1114
KEY BISCAYNE, FL 33149 US

New Principal Place of Business:

Current Mailing Address:

199 OCEAN LANE DRIVE
SUITE 1114
KEY BISCAYNE, FL 33149 US

New Mailing Address:

FEI Number: 26-2570075 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HANCOCK, CHRISTOPHER
199 OCEAN LANE DRIVE
1114
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

HANCOCK, CHRISTOPHER R
199 OCEAN LANE DRIVE
1114
KEY BISCAYNE, FL 33149 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: CHRISTOPHER R HANCOCK 04/30/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	HANCOCK, CHISTOPHER	
Address:	199 OCEAN LANE DRIVE SUITE 1114	
City-St-Zip:	KEY BISCAYNE, FL 33149 US	
Title:	MGRM	( ) Delete
Name:	ARCILA, GABRIEL	
Address:	100 EDGEWATER DRIVE SUITE 209	
City-St-Zip:	CORAL GABLES, FL 33133 US	
Title:	MGRM	( ) Delete
Name:	EBER, DARYL	
Address:	31 SE 5TH STREET SUITE 1502	
City-St-Zip:	MIAMI, FL 33131 US	
Title:	MGRM	( ) Delete
Name:	CHEN, HALLAND	
Address:	480 NE 30TH STREET SUITE L105	
City-St-Zip:	MIAMI, FL 33137 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: CHRISTOPHER R HANCOCK MGRM 04/30/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date