

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000104588

FILED  
Apr 02, 2009  
Secretary of State

**Entity Name:** INFINITE RADIOLOGY AND MANAGEMENT SOLUTIONS, LLC

**Current Principal Place of Business:**

2893 KENSINGTON TRACE  
TARPON SPRINGS, FL 34688

**New Principal Place of Business:**

**Current Mailing Address:**

2893 KENSINGTON TRACE  
TARPON SPRINGS, FL 34688

**New Mailing Address:**

**FEI Number:** 80-0334618

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NIXON, SAMUEL F III  
2893 KENSINGTON TRACE  
TARPON SPRINGS, FL 34688 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: MGR ( ) Delete  
Name: NIXON, SAMUEL F III  
Address: 2893 KENSINGTON TRACE  
City-St-Zip: TARPON SPRINGS, FL 34688

Title: MGRM ( ) Delete  
Name: MOOSE, DEANNA C  
Address: 3175 NW US HIGHWAY 41  
City-St-Zip: JENNINGS, FL 32053

Title: MGRM ( ) Delete  
Name: WALDRIP, JEREMY BRANT  
Address: 2339 124TH DRIVE EAST  
City-St-Zip: PARRISH, FL 34219

**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:

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: SAMUEL F NIXON

MNG

04/02/2009

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