

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000065755

**FILED**  
**May 11, 2010**  
**Secretary of State**

**Entity Name:** SPECTRUM DIAGNOSTIC IMAGING OF OHIO, LLC

**Current Principal Place of Business:**

2999 N.E. 191ST STREET, SUITE 406  
AVENTURA, FL 33180

**New Principal Place of Business:**

4640 RICHMOND ROAD  
100  
WARRENSVILLE HEIGHTS, OH 44128

**Current Mailing Address:**

4400 ROCKSIDE ROAD, #1100  
INDEPENDENCE, OH 44131

**New Mailing Address:**

2999 N.E. 191ST STREET  
406  
AVENTURA, FL 33180

**FEI Number:** 27-0509055      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

ZHUK, MARK  
2999 N.E. 191ST STREET, SUITE 406  
AVENTURA, FL 33180 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:** MGRM  
**Name:** SELECT MEDICAL GROUP OF OHIO LLC  
**Address:** 2999 NE 191ST STREET SUITE 406  
**City-St-Zip:** AVENTURA, FL 33180

I hereby 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: MARK ZHUK

MGR

05/11/2010

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