

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000041516

**FILED**  
**Mar 27, 2012**  
**Secretary of State**

**Entity Name:** PRECISION MEDICAL IMAGING L.L.C.

**Current Principal Place of Business:**

1800 N. FEDERAL HWY., SUITE 208  
POMPAÑO BEACH, FL 33062

**New Principal Place of Business:**

**Current Mailing Address:**

49 N. FEDERAL HWY., SUITE 288  
POMPAÑO BEACH, FL 33062

**New Mailing Address:**

**FEI Number:** 80-0588060

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SINGH, WINSTON  
2109 NE 62 CT  
FT LAUDERDALE, FL 33308 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: SINGH, WINSTON  
Address: 2109 NE 62 CT  
City-St-Zip: FT LAUDERDALE, FL 33308

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: WINSTON SINGH

MGRM

03/27/2012

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