

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000112054

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**Entity Name:** CARING IMAGING SPECIALISTS, LLC

**Current Principal Place of Business:**

92 NOTTINGHAM PLACE  
BOYNTON BEACH, FL 33426

**New Principal Place of Business:**

**Current Mailing Address:**

92 NOTTINGHAM PLACE  
BOYNTON BEACH, FL 33426

**New Mailing Address:**

**FEI Number:** 27-3888955

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MURAVIA, YURII  
92 NOTTINGHAM PLACE  
BOYNTON BEACH, FL 33426 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: MURAVIA, YURII  
Address: 92 NOTTINGHAM PLACE  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: MGRM  
Name: MURAVIA, VADIM  
Address: 92 NOTTINGHAM PLACE  
City-St-Zip: BOYNTON BEACH, FL 33426

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: YURII MURAVIA

MGRM

01/11/2011

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