

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000121773

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** SIMONMED IMAGING FLORIDA LLC

**Current Principal Place of Business:**

7301 E. DEER VALLEY ROAD, SUITE 105  
SCOTTSDALE, AZ 85255

**New Principal Place of Business:**

7304 E. DEER VALLEY ROAD, SUITE 105  
SCOTTSDALE, AZ 85255

**Current Mailing Address:**

7301 E. DEER VALLEY ROAD, SUITE 105  
SCOTTSDALE, AZ 85255

**New Mailing Address:**

7304 E. DEER VALLEY ROAD, SUITE 105  
SCOTTSDALE, AZ 85255

**FEI Number:** 45-3727094

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DRIVE, SUITE A  
TALLAHASSEE, FL 32301 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: SIMONMED IMAGING INCORPORATED  
Address: 7304 E. DEER VALLEY ROAD, SUITE 105  
City-St-Zip: SCOTTSDALE, AZ 85255

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: TIMOTHY J. FLYNN

CFO

01/05/2012

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