2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# L98000002145

Entity Name: LAKE MEDICAL IMAGING AND BREAST CENTER AT THE VILLAGES, L.L.C.

Current Principal Place of Business:

1400 US 441
SUITE #510
THE VILLAGES, FL 32159

New Principal Place of Business:

Current Mailing Address:

1400 US 441
SUITE #510
THE VILLAGES, FL 32159

New Mailing Address:

FEI Number: 59-3522082 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVINE, MICHAEL S M.D.
801 E. DIXIE AVENUE, SUITE 104
LEESBURG, FL 34748 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: LEVINE, MICHAEL S
Address: 801 E. DIXIE AVENUE, SUITE 104
City-St-Zip: LEESBURG, FL 34748

Title: MGR ( ) Delete
Name: KELLER, CATHRINE E
Address: 801 E. DIXIE AVENUE, SUITE 104
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES:

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: MICHAEL S LEVINE MD MGR 04/30/2007

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