

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000002145

FILED
Apr 29, 2008
Secretary of State

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 (X)

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:

KELLER, CATHRINE E M.D.
801 E. DIXIE AVENUE, SUITE 104
LEESBURG, FL 34748 US

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: CATHRINE E KELLER

04/29/2008

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: CATHRINE E KELLER

MGR

04/29/2008

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