

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000002963

Entity Name: FAYE MEDICAL IMAGING, LLC

FILED
Jun 19, 2009
Secretary of State

Current Principal Place of Business:

4041 SAN MARINO BLVD
UNIT 101
WEST PALM BEACH, FL 334097729 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 210153
ROYAL PALM BEACH, FL 334210153 US

New Mailing Address:

FEI Number: 65-0914505 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

JUMPING JAX TAX INC
1940 HARRISON ST
STE 306
HOLLYWOOD, FL 330205082 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TYNDALE, PETE
Address: 4041 SAN MARINO BLVD UNIT 101
City-St-Zip: WEST PALM BEACH, FL 334097229 US

Title: MGR () Delete
Name: TYNDALE, PAULINE
Address: 4041 SAN MARINO BLVD UNIT 101
City-St-Zip: WEST PALM BEACH, FL 334097229 US

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: PETE TYNDALE

MGR

06/19/2009

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