

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 22, 2008 8:00 am
Secretary of State

07-22-2008 90026 027 ***138.75

DOCUMENT # L99000003382

1. Entity Name
HEALTH IMAGING NETWORK, L.L.C.



Principal Place of Business
2625 EXECUTIVE PARK DRIVE, SUITE 1
WESTON, FL 33331

Mailing Address
2625 EXECUTIVE PARK DRIVE, SUITE 1
WESTON, FL 33331

50008755



2. Principal Place of Business - No P.O. Box #
2625 Executive Park Dr

3. Mailing Address
2625 Executive Park Dr

Suite, Apt. #, etc.
Suite # 1

Suite, Apt. #, etc.
Suite # 1

07172008 Chg-LLC CR2E083 (12/06)

City & State
Weston FL

City & State
Weston, FL

4. FEI Number
59-3608657

Applied For
Not Applicable

Zip
33331

Country
USA

Zip
33331

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COEL, MARK A ESQ.
ONE LINCOLN PLACE
1900 GLADES ROAD, SUITE 350
BOCA RATON, FL 33431-0000

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ROGERS, CAROLE
2625 EXECUTIVE PARK DRIVE, SUITE 1
WESTON, FL 33331 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Miller, Robert J.
2625 Executive Park Drive # 1
Weston, FL 33331 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Robert J. Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/17/08 954-217-7674

Date Daytime Phone #