

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000003382

**FILED  
Sep 21, 2010  
Secretary of State**

**Entity Name:** HEALTH IMAGING NETWORK, L.L.C.

**Current Principal Place of Business:**

2625 EXECUTIVE PARK DRIVE, SUITE 1  
WESTON, FL 33331

**New Principal Place of Business:**

**Current Mailing Address:**

2625 EXECUTIVE PARK DRIVE, SUITE 1  
WESTON, FL 33331

**New Mailing Address:**

FEI Number: 59-3608657      FEI Number Applied For (  )      FEI Number Not Applicable (  )      Certificate of Status Desired (  )

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

COEL, MARK A ESQ.  
ONE LINCOLN PLACE  
1900 GLADES ROAD, SUITE 350  
BOCA RATON, FL 334310000 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: MMGR  
Name: FERNANDEZ, DAVID J  
Address: 2625 EXECUTIVE PARK DRIVE, SUITE 1  
City-St-Zip: WESTON, FL 33331

Title: MMGR  
Name: COLLAZO, ANAYS  
Address: 2625 EXECUTIVE PARK DR STE 1  
City-St-Zip: WESTON, FL 33331

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: ANAYS COLLAZO

MMGR

09/21/2010

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