

# **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