

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000000530

FILED
Mar 30, 2007
Secretary of State

Entity Name: KING'S MEDICAL IMAGING SERVICES, LLC

Current Principal Place of Business:

1894 GEORGETOWN RD
HUDSON, OH 44236

New Principal Place of Business:

Current Mailing Address:

1894 GEORGETOWN RD
HUDSON, OH 44236

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: MGRM () Delete
Name: KING'S MEDICAL GROUP, , INC.
Address: 1896B GEORGETOWN ROAD
City-St-Zip: HUDSON, OH 44236

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KING'S MEDICAL GROUP, , INC.
Address: 1894 GEORGETOWN ROAD
City-St-Zip: HUDSON, OH 44236

I hereby certify that the information supplied with this filing does not qualify for the 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: BARBARA HAGLER - KING'S MEDICAL GROUP, INC D-FA 03/30/2007

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