

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M01000000530

1. Entity Name
KING'S MEDICAL IMAGING SERVICES, LLC



Principal Place of Business
1894 GEORGETOWN RD
HUDSON, OH 44236

Mailing Address
1894 GEORGETOWN RD
HUDSON, OH 44236

FILED
08 OCT -3 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09192008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

**DO NOT WRITE
IN THIS SPACE**

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 \$538.75
Due by September 12, 2008**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KING'S MEDICAL GROUP, INC. 1894 GEORGETOWN ROAD HUDSON, OH 44236
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**DO NOT WRITE
IN THIS SPACE**

REINSTATEMENT 2008

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: _____

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

9/24/08

Date

Daytime Phone #