

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001673

FILED
Jan 06, 2009
Secretary of State

Entity Name: BARRINGTON MEDICAL IMAGING, L.L.C.

Current Principal Place of Business:

615 INDUSTRIAL DR
UNIT D
CARY, IL 60013

New Principal Place of Business:

Current Mailing Address:

615 INDUSTRIAL DR
UNIT D
CARY, IL 60013

New Mailing Address:

FEI Number: 36-4330158

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: ERBES, WILLIAM J
Address: 1290 OAKVIEW RD.
City-St-Zip: MEDINA, MN 55356

Title: MGRM () Delete
Name: YOVIC, WILLIAM C
Address: 615 INDUSTRIAL DR
City-St-Zip: CARY, IL 60013

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: YOVIC, WILLIAM C
Address: 615 INDUSTRIAL DR
City-St-Zip: CARY, IL 60013

I hereby certify that the information supplied with this filing does not qualify 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: MELODEE J JUSTEN

EXE

01/06/2009

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