


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**May 30, 2008 8:00 am**  
**Secretary of State**

05-30-2008 90019 013 \*\*\*138.75

|   |         |   |                      |
|---|---------|---|----------------------|
| <b>DOCUMENT # M07000002461</b>  |         |  |                      |
| 1. Entity Name<br><b>PHYSICIANS IMAGING-MT DORA, LLC</b>                        |         |   |                      |
| Principal Place of Business<br><b>3412 DUCK AVENUE<br/>KEY WEST FL 33040</b>    |         | Mailing Address<br><b>3412 DUCK AVENUE<br/>KEY WEST FL 33040</b>                  |                      |
| 2. Principal Place of Business - No P.O. Box #<br><b>3615 Lake Center Drive</b> |         | 3. Mailing Address<br><b>P.O. Box 4210</b>  |                      |
| Suite, Apt. #, etc.   |         | Suite, Apt. #, etc.   |                      |
| City & State<br><b>Mount Dora, FL</b>   |         | City & State<br><b>Lake Charles, LA</b>   |                      |
| Zip<br><b>32757</b>   | Country | Zip<br><b>70005</b>   | Country<br><b>US</b> |



1st MOORE CR2E083 (10/07)

|  |  |   |  |
|--|--|---|--|
| 4. FEI Number<br><b>20-8510699</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   |  | <b>\$5.00</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><b>GERTH, ELIAS J MD<br/>3412 DUCK AVENUE<br/>KEY WEST FL 33040</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |  |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR<br/>PHYSICIANS IMAGING, LLC<br/>3412 DUCK AVENUE<br/>KEY WEST FL 33040</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #