# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Feb 26, 2009**
**Secretary of State**

DOCUMENT# M07000002461

**Entity Name:** PHYSICIANS IMAGING-MT DORA, LLC

**Current Principal Place of Business:**

3615 LAKE CENTER DRIVE
MOUNT DORA, FL 32757

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4210
LAKE CHARLES, LA 70605

**New Mailing Address:**

PO BOX 4210
LAKE CHARLES, LA 70606

**FEI Number: 20-8510699** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GERTH, ELIAS J MD
3412 DUCK AVENUE
KEY WEST, FL 33040 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: MGR ( ) Delete
Name: PHYSICIANS IMAGING,, LLC
Address: 3412 DUCK AVENUE
City-St-Zip: KEY WEST, FL 33040

**ADDITIONS/CHANGES:**

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

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: ELIAS J. GERTH MGR 02/26/2009

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