

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000002461

**FILED**  
**Apr 04, 2011**  
**Secretary of State**

**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 2908  
KEY WEST, FL 33045

**New Mailing Address:**

**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:**

GERTH, ELIAS J MD  
2505 FLAGLER AVENUE  
KEY WEST, FL 33040 US

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:

04/04/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: PHYSICIANS IMAGING, LLC  
Address: PO BOX 2908  
City-St-Zip: KEY WEST, FL 33045

I hereby 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: PHYSICIAN'S IMAGING

MGR

04/04/2011

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