

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000002461

FILED
Jan 06, 2012
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
2505 FLAGLER 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
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: MARK HYMAN AS CFO

CFO

01/06/2012

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