

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000003684

FILED  
Jun 25, 2009  
Secretary of State

**Entity Name:** PHYSICIANS IMAGING - LAKE CITY, LLC

**Current Principal Place of Business:**

404 NW HALL OF FAME DRIVE  
LAKE CITY, FL 32055

**New Principal Place of Business:**

**Current Mailing Address:**

404 NW HALL OF FAME DRIVE  
LAKE CITY, FL 32055

**New Mailing Address:**

FEI Number: 20-5949657      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

GERTH, ELIAS J MD  
3412 DUCK AVE  
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: 3735 LAKE CENTER DR  
City-St-Zip: MOUNT DORA, FL 32757

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: CFO      ( ) Change (X) Addition  
Name: MCDONALD, JOHN H CPA  
Address: 4650 LAKE STREET  
City-St-Zip: LAKE CHARLES, LA 70605 US

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: JOHN H MCDONALD

CFO

06/25/2009

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