

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000007273

FILED
Apr 18, 2008
Secretary of State

Entity Name: MEDICAL IMAGING PARTNERSHIP, LLC

Current Principal Place of Business:

19 SHELTER COVE LN
STE 200
HILTON HEAD, SC 29928

New Principal Place of Business:

Current Mailing Address:

19 SHELTER COVE LN
STE 200
HILTON HEAD, SC 29928

New Mailing Address:

FEI Number: 20-3314159

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRUST, STEVEN E
50 N LAURA ST
STE 2600
JACKSONVILLE, FL 32202 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: LEVKOFF, J. STEPHEN
Address: 7860 GATE PKWY - STE 123
City-St-Zip: JACKSONVILLE, FL 32256

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: J. STEPHEN LEVKOFF

MGRM

04/18/2008

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