2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# M07000007273

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:

7860 GATE PARKWAY
STE 123
JACKSONVILLE, FL 32256

Current Mailing Address:

19 SHELTER COVE LN
STE 200
HILTON HEAD, SC 29928

New Mailing Address:

7860 GATE PARKWAY
STE 123
JACKSONVILLE, FL 32256

FEI Number: 20-3314159 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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: MGR (X) Change ( ) Addition
Name: HAMMOND, JAMES D
Address: 7860 GATE PKWY - STE 123
City-St-Zip: JACKSONVILLE, FL 32256

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: JAMES D. HAMMOND MGR 04/29/2009

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