

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000007273

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** MEDICAL IMAGING PARTNERSHIP, LLC

**Current Principal Place of Business:**

7860 GATE PARKWAY  
STE 123  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

7860 GATE PARKWAY  
STE 123  
JACKSONVILLE, FL 32256

**New Mailing Address:**

**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  
Name: HAMMOND, JAMES D  
Address: 7860 GATE PKWY - STE 123  
City-St-Zip: JACKSONVILLE, FL 32256

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: JAMES D. HAMMOND

MGR

04/28/2011

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