2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# M99000001961

Entity Name: WEST PALM IMAGING, L.L.C.

Current Principal Place of Business:

5601 CORPORATE WAY
SUITE 307
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

401 SYLVAN AVE.
ENGLEWOOD CLIFFS, NJ 07632

New Mailing Address:

FEI Number: 22-3681996 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMEEN, JOHN
AMEEN & DRUCKER, P.A.
3111 UNIVERSITY DR., STE. 608
CORAL SPRINGS, FL 33065 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: MGRM ( ) Delete
Name: FARRELL, ROBERT L
Address: 401 SYLVAN AVE.
City-St-Zip: ENGLEWOOD CLIFFS, NJ 07632

Title: MGRM ( ) Delete
Name: FARRELL, WILLIAM D
Address: 401 SYLVAN AVE.
City-St-Zip: ENGLEWOOD CLIFFS, NJ 07632

ADDITIONS/CHANGES:

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

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: FRANK ARCAROLI CONT 01/16/2009

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