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State of California Secretary of State

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STATEMENT OF INFORMATION (Limited Liability Company)

Filing Fee \$20.00. If amendment, see Instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. LIMITED LIABILITY COMPANY NAME (Please do not alter if name is preprinted.)

REGIONAL MEDICAL SERVICES LLC
725 N SHEPARD ST
ANAHEIM, CA 92806

FILED In the office of the Secretary of State of the State of California

APR 18 2011

This Space For Filing Use Only

DUE DATE:

FILE NUMBER AND STATE OR PLACE OF ORGANIZATION

2. SECRETARY OF STATE FILE NUMBER 200516110014

3. STATE OR PLACE OF ORGANIZATION CALIFORNIA

COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE CITY AND STATE ZIP CODE
725 N SHEPARD ST ANAHEIM, CA 92806

5. CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (DOMESTIC ONLY) CITY STATE ZIP CODE
725 N SHEPARD ST ANAHEIM CA 92806

NAME AND COMPLETE ADDRESS OF THE CHIEF EXECUTIVE OFFICER, IF ANY

6. NAME ADDRESS CITY AND STATE ZIP CODE

NAME AND COMPLETE ADDRESS OF ANY MANAGER OR MANAGERS, OR IF NONE HAVE BEEN APPOINTED OR ELECTED, PROVIDE THE NAME AND ADDRESS OF EACH MEMBER (Attach additional pages, if necessary.)

7. NAME ADDRESS CITY AND STATE ZIP CODE
LANDEN MIRALLEGRO 725 N SHEPARD ST ANAHEIM, CA 92806

8. NAME ADDRESS CITY AND STATE ZIP CODE

9. NAME ADDRESS CITY AND STATE ZIP CODE

AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and Item 11 must be completed with a California address. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 11 must be left blank.)

10. NAME OF AGENT FOR SERVICE OF PROCESS

WAYNE C ARNOLD

11. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY STATE ZIP CODE
9107 WILSHIRE BLVD STE 800 BEVERLY HILLS CA 90210

TYPE OF BUSINESS

12. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY

MRI BROKER

13. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

LANDEN MIRALLEGRO
TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

Signature

MEMBER TITLE DATE 04/15/11

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I hereby certify that the foregoing
transcript of 2 page(s)
is a full, true and correct copy of the
original record in the custody of the
County Assessor's Office

MAR 12 2012

Date: _____

Debra Bowen

DEBRA BOWEN, Secretary of State

OCDA053975

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State of California Secretary of State

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JUN 04 2010

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4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE CITY AND STATE ZIP CODE 3790 CARSON WAY YORBA LINDA, CA 92886

5. CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (DOMESTIC ONLY) CITY STATE ZIP CODE 3790 CARSON WAY YORBA LINDA CA 92886

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TYPE OF BUSINESS

12. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY MRI SCHEDULING BROKER

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LANDEN MIRALLEGRO TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

[Signature] SIGNATURE

MANAGER TITLE 06/01/10 DATE