

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000108668

FILED
Jun 08, 2006
Secretary of State

Entity Name: FLORIDA EAST COAST IMAGING, LLC

Current Principal Place of Business:

951 N. WASHINGTON AVENUE
TITUSVILLE, FL 32796

New Principal Place of Business:

Current Mailing Address:

951 N. WASHINGTON AVENUE
TITUSVILLE, FL 32796

New Mailing Address:

FEI Number: 20-3992257 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BOYLES, WILLIAM A
301 EAST PINE STREET, SUITE 1400
ORLANDO, FL 32801 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MBR () Change (X) Addition
Name: NORTH BREVARD MEDICA, L SUPPORT, INC .
Address: 951 N. WASHINGTON AVENUE
City-St-Zip: TITUSVILLE, FL 32796

Title: MBR () Change (X) Addition
Name: SPACE COAST IMAGING, VENTURES, LLC
Address: 951 N. WASHINGTON AVENUE
City-St-Zip: TITUSVILLE, FL 32796

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTOPHER MCALPINE, MBR REPRESENTATIVE MBR 06/08/2006

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