2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
05 AUG 11 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M04000004820

1. Entity Name
JUPITER EFL IMAGING CENTER, LLC

Principal Place of Business	Mailing Address
ONE PARK PLAZA NASHVILLE, TN 37203 US	PO BOX 750 NASHVILLE, TN 37203 US

07282005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 41-2157099 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is $50.00 **Make check payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR TAVENNER, MARILYN B ONE PARK PLAZA NASHVILLE, TN 37203	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR East Florida Imaging Holdings, LLC One Park Plaza Nashville, TN 37203	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MOORE, A. BRUCE JR. ONE PARK PLAZA NASHVILLE, TN 37203	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Medical Diagnostic Imaging of Jupiter, Inc. 2290 10th Avenue North Lake Worth, FL 33461	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR JOHNSON, R. MILTON ONE PARK PLAZA NASHVILLE, TN 37203	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100058695151 08/17/05--01041--020 **80.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Marilyn B Tavenner 8-8-05 6153442202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #