

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003188

FILED
Apr 25, 2006
Secretary of State

Entity Name: PROSCAN IMAGING NAPLES, LLC

Current Principal Place of Business:

5400 KENNEDY AVENUE
CINCINNATI, OH 45213

New Principal Place of Business:

7947 AIRPORT PULLING ROAD
NAPLES, FL 34109

Current Mailing Address:

5400 KENNEDY AVENUE
CINCINNATI, OH 45213

New Mailing Address:

FEI Number: 56-2375633

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAULSBY, GILBERT
7998 BEAUMONT COURT
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

MAULSBY, GILBERT M.D.
194 MAHOGANY DRIVE
NAPLES, FL 34108 US

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: GILBERT MAULSBY, M.D.

04/25/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: POMERANZ, STEPHEN J M.D.
Address: 5400 KENNEDY AVENUE
City-St-Zip: CINCINNATI, OH 45213

Title: MGRM () Delete
Name: MAULSBY, GILBERT M.D.
Address: 7998 BEAUMONT COURT
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: MAULSBY, GILBERT M.D.
Address: 194 MAHOGANY DRIVE
City-St-Zip: NAPLES, FL 34108

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: STEPHEN J. POMERANZ, M.D.

MGRM

04/25/2006

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