STAPLE CHECK HERE

FILED Feb 28, 2005 08:00 AN Secretary of State

<u> </u>	Due By May 1, 2005				Secretary of Stat		
DOCUMENT # A20371					Secreta	ny or Stat	
1. Entity Name MANATEE DIAGNOSTIC CENTER, LTD.							
Principal Place of Business Mailing Address 300 RIVERSIDE DRIVE EAST, SUITE 4300 300 RIVERSIDE DRIVE BRADENTON, FL 34208 BRADENTON, FL 3420			UITE 4300				
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2. Principal Place of Business 3. Mailing Address			<del></del>				
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		02012005 Chg-LP CR2E003 (10/03)		0/03)	
City & State	City & State	City & State		4. FEI Number 59-2587943		Applied For Not Applicable	
Zip Country	Zip	Cour	itry	5. Certificate of Status Desired		5 Additional equired	
6. Name and Addres	ss of Current Registered Agent			7. Name and Address of New F			
GRAHAM, DR. ANGUS W. , JR.			Name	vame			
300 RIVERSIDE DR. E. #4300			Street Address (	eet Address (P.O. Box Number is Not Acceptable)			
BRADENTON, FL 33508					·		
! 		City			□ □ □ ↓ `	o Code	
<ol> <li>The above named entity submits thin the obligations of registered agent.</li> </ol>	s statement for the purpose of changing it	ts register	ed office or register	ed agent, or both, in the State of Flo	orida. I am familiar	with, and accept	
SIGNATURE Signature, typed or printed name of	of registered agent and title if applicable				DATE		
Capital Contributions as Snown on record.     \$425,000.00  10. Amount of Capital Contributions in FLORIDA to date.							
	PARTNER THAT IS A BUSINESS EI						
	Partners MAY NOT be changed on the Partner INFORMATION	the form	; an amendmen	t must be filed to change a go ADDRESS CHA			
DOCUMENT / H64441			ET ADDRESS		<del></del>		
i i	MANATEE IMAGING ASSOCS S 300 RIVERSIDE DR, EAST SUITE 4300		ET ADDRESS				
CITY-5T-ZIP BRADENTON, FL			-ST-ZIP			n e H Li Tr	
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STREET ADDRESS CITY-S1-ZIF	AXFAYER C	CITY.	SI-ZIP	<u> </u>			
····	KANG OLSEN S LYNOR		X	<del></del>			
NAME	O3 WEST MARION AVE. SU		Suntasia.				
STREET ADDRESS CITY-ST-ZIP	PUNTA GORDA, FL 3	33.50	ST-ZIP				
DOCUMENT # NAME		STREE	ET ADDRESS		•		
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<ol> <li>I hereby certify that the information indicated on this report is true and a the receiver or trustee empowered.</li> </ol>	supplied with this filing does not qualify to accurate and that my signature shall have to execute this report as required by Chap	r the exen the same ster 620, F	nption stated in Sec legal effect as if ma lorida Statutes	tion 119.07(3XI), Florida Statutes. I ade under oath; that I am a General	further certify that Partner of the limit	the information ted partnership or	