
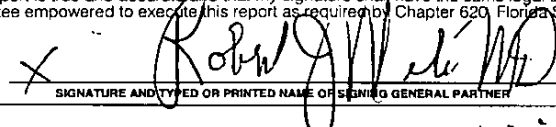


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 29 AM 9:20

DOCUMENT # A21590 1. Entity Name NAPLES DIAGNOSTIC IMAGING CENTER, LTD.					
Principal Place of Business NO. 20, TENTH ST., N. NAPLES, FL			Mailing Address P.O. BOX 8659 NAPLES, FL 34101		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2432183	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BROWN, THOMAS R				Name	
2660 AIR PORT ROAD SOUTH				Street Address (P.O. Box Number is Not Acceptable)	
NAPLES, FL				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$315,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	H16874		STREET ADDRESS		
NAME	COMMUNITY IMAGING, INC.		CITY-ST-ZIP		
STREET ADDRESS	350 SEVENTH STREET, N.				
CITY-ST-ZIP	NAPLES, FL				
DOCUMENT #	H16795		STREET ADDRESS		
NAME	GULF BREEZE OF NAPLES		CITY-ST-ZIP		
STREET ADDRESS	1441 RIDGE STREET				
CITY-ST-ZIP	NAPLES, FL 34103				
DOCUMENT #			STREET ADDRESS	800050038458	
NAME			CITY-ST-ZIP	-04/06/05--01062--011 **526.25	
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
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DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					
SIGNATURE: 			3/8/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		
			Daytime Phone #		

STAPLE CHECK HERE