

**2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2006**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR -3 AM 10: 03

<b>DOCUMENT # A21590</b> 1. Entity Name NAPLES DIAGNOSTIC IMAGING CENTER, LTD.	
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Principal Place of Business <del>NO. 20, TENTH ST., N.</del> NAPLES, FL	Mailing Address P.O. BOX 8659 NAPLES, FL 34101
<i>311 Tamiami Tr. N.D Suite 104</i>	

*ASB*



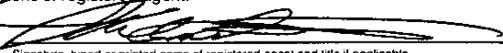
**DO NOT WRITE IN THIS SPACE**

01102006 No Chg-LP	CR2E003 (11/05)
4. FEI Number 59-2432183	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
<del>BROWN, THOMAS R</del> <del>2660 AIR PORT ROAD SOUTH</del> <del>NAPLES, FL</del>	<i>MICHAEL D. CONRATH</i> <i>311 TAMAMI TR. N.</i> <i>SUITE 104</i> <i>NAPLES, FL. 34102</i>

**DO NOT WRITE IN THIS SPACE**

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  *MICHAEL D. CONRATH, CEO* 1/25/06  
DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, Fee will be \$900.00**

**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.**

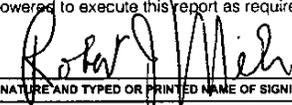
12. GENERAL PARTNER INFORMATION	
DOCUMENT #	H16874
NAME	COMMUNITY IMAGING, INC.
STREET ADDRESS	350 SEVENTH STREET, N.
CITY-ST-ZIP	NAPLES, FL
DOCUMENT #	H16795
NAME	GULF BREEZE OF NAPLES
STREET ADDRESS	1441 RIDGE STREET
CITY-ST-ZIP	NAPLES, FL 34103
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

300068093443  
03/20/06--01014--029 \*\*500.00

**DO NOT WRITE IN THIS SPACE**

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  2/24/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

*01 42331*