


**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
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**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 ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

~~BROWN, THOMAS R~~  
~~2660 AIR PORT ROAD SOUTH~~  
~~NAPLES, FL~~  
MICHAEL D. CONRATH  
311 TAMiami Tr. N.  
SUITE 104  
NAPLES, FL. 34102

**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

Signature, typed or printed name of registered agent and title if applicable.

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

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

2/24/06

06 42331