

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008

SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 08 JUN 18 AM 8:50

DOCUMENT # A21590	
1. Entity Name NAPLES DIAGNOSTIC IMAGING CENTER, LTD.	

Principal Place of Business 311 TAMiami TR NO SUITE 104 NAPLES, FL	Mailing Address P.O. BOX 8659 NAPLES, FL 34101
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address P.O. Box 727
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State Naples FL
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Zip	Country	Zip	Country
34102		34102	Collier

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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CONRATH, MICHAEL D 311 TAMiami TR NO. SUITE 104 NAPLES, FL 34102	Name Kevin D. Cooper
	Street Address (P.O. Box Number is Not Acceptable)
	350 7th Street North
	City Naples FL Zip Code 34102

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  Kevin D. Cooper 5/12/08
Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$900.00
On or after September 12, 2008, Fee will be \$1000.00

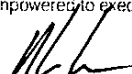
700131506967
 06/19/08--01035--016 **900.00

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		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	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

B. 700131506967 JUN 18 2008

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:  Kevin D. Cooper 5/12/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE