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	Mailing Address
311 TAMIAMI TR NO SUITE 104 NAPLES, FL	P.O. BOX 8659 NAPLES, FL 34101

05092008 Chg-LP CR2E003 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		P.O. Box 727	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Naples FL	
Zip	Country	Zip: 34102	Country: Collier

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	7. Name and Address of New Registered Agent
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 [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.		
STREET ADDRESS	350 SEVENTH STREET, N.	CITY-ST-ZIP	
CITY-ST-ZIP	NAPLES, FL		
DOCUMENT #	H16795	STREET ADDRESS	B. TeDock JUN 18 2008
NAME	GULF BREEZE OF NAPLES		
STREET ADDRESS	1441 RIDGE STREET	CITY-ST-ZIP	
CITY-ST-ZIP	NAPLES, FL 34103		
DOCUMENT #		STREET ADDRESS	
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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: [signature] Kevin D. Cooper 5/12/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #