

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A21590

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

**Entity Name:** NAPLES DIAGNOSTIC IMAGING CENTER, LTD.

**Current Principal Place of Business:**

350 7TH STREET NORTH  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 727  
NAPLES, FL 34102

**New Mailing Address:**

**FEI Number:** 59-2432183

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COOPER, KEVIN D  
350 7TH ST. N.  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: H16874  
Name: COMMUNITY IMAGING, INC.  
Address: 350 SEVENTH STREET, N.  
City-St-Zip: NAPLES, FL 34102

Document #: H16795  
Name: GULF BREEZE OF NAPLES  
Address: 1441 RIDGE STREET  
City-St-Zip: NAPLES, FL 34103

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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

MR.

02/22/2011

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date